

2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000000721

FILED
Apr 27, 2005
Secretary of State

Entity Name: ORTHODONTIC EDUCATION, LTD.

Current Principal Place of Business:

5000 SAWGRASS VILLAGE CIRCLE, STE. 28
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

5000 SAWGRASS VILLAGE CIRCLE, STE. 28
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 32-0016241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGLER, MITCHELL W
KIRSCHNER & LEGLER, P.A.
300A WHARFSIDE WAY
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Capital Contributions as Shown on record: 6,000,000.00

Amount of Capital Contributions in Florida to date: 6,000,000.00

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #: P02000055388

Name: ORTHODONTIC EDUCATION COMPANY

Address: 5000 SAWGRASS VILLAGE CIRCLE, STE. 28

City-St-Zip: PONTE VEDRA BEACH, FL 32082

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: ORTHODONTIC EDUCATION COMPANY

04/27/2005

Electronic Signature of Signing General Partner

Date