2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2012
Secretary of State

DOCUMENT# F00250

Entity Name: JAMES E. GABEL D.D.S., P.A.

Current Principal Place of Business:

% JAMES E GABEL, D.D.S.
2200 LEE ROAD
WINTER PARK, FL 327891855 US

New Principal Place of Business:

% JAMES E GABEL, D.D.S.
6081 LEXINGTON PARK
ORLANDO, FL 32819 US

Current Mailing Address:

% JAMES E GABEL, D.D.S.
2200 LEE ROAD
WINTER PARK, FL 327891855

New Mailing Address:

% JAMES E GABEL, D.D.S.
6081 LEXINGTON PARK
ORLANDO, FL 32819 US

FEI Number: 59-2031772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GABEL, JAMES E., D.D.S.
2200 LEE ROAD
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

GABEL, JAMES E., D.D.S.
6081 LEXINGTON PARK
ORLANDO, FL 32819 US

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: 01/10/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PVT
Name: GABEL, JAMES E., DDS
Address: 6051 LEXINGTON PARK
City-St-Zip: ORLANDO, FL 32819

Title: DS
Name: GABEL, JAMES E, DDS
Address: 6081 LEXINGTON PAK
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES E. GABEL PVT 01/10/2012
Electronic Signature of Signing Officer or Director — Date