2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# F35402

Entity Name: SUNCOAST DENTAL, INC.

Current Principal Place of Business:

4500 140TH AVE N STE 118
CLEARWATER, FL 33762 US

New Principal Place of Business:

14010 ROOSEVELT BLVD. SUITE 705
CLEARWATER, FL 33762 US

Current Mailing Address:

4500 140TH AVE N STE 118
CLEARWATER, FL 33762 US

New Mailing Address:

14010 ROOSEVELT BLVD. SUITE 705
CLEARWATER, FL 33762 US

FEI Number: 59-2097170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODS, NORMA
4500 140TH AVE N, STE 118
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

WOODS, NORMA
14010 ROOSEVELT BLVD. SUITE 705
CLEARWATER, FL 33762 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: 04/30/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WOODS, NORMA
Address: 4500 140TH AVE N STE 118
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WOODS, NORMA
Address: 14010 ROOSEVELT BLVD. SUITE 705
City-St-Zip: CLEARWATER, FL 33762

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NORMA WOODS P 04/30/2007
Electronic Signature of Signing Officer or Director — Date