2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# F45971

Entity Name: GARY B. SPENCE, D.D.S., P.A.

Current Principal Place of Business:

531 S CHICKASAW TR
255
ORLANDO, FL 32825

New Principal Place of Business:

525 S. CHICKASAW TRAIL
255
ORLANDO, FL 32825

Current Mailing Address:

531 S CHICKASAW TR
255
ORLANDO, FL 32825

New Mailing Address:

525 S. CHICKASAW TRAIL
255
ORLANDO, FL 32825

FEI Number: 59-2388707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPENCE, GARY B., DDS
531 S CHICKASAW TR
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

SPENCE, GARY B., DDS
525 S. CHICKASAW TRAIL
ORLANDO, FL 32825 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: 03/06/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SPENCE, GARY B,
Address: 9616 TETLEY CT.
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SPENCE, GARY B,
Address: 9616 TETLEY CT.
City-St-Zip: ORLANDO, FL 32817 US

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: GARY B. SPENCE DDS 03/06/2009
Electronic Signature of Signing Officer or Director — Date