2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 07, 2007
Secretary of State

DOCUMENT# F61660

Entity Name: UNIVERSITY DENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

3512 S UNIVERSITY DR.
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

3512 S UNIVERSITY DR.
DAVIE, FL 33328

New Mailing Address:

FEI Number: 59-2169997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDA B COMMONS, (ESQ.)
5327 COMMERCIAL WAY
C-114
SPRING HILL, FL 34606 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

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: BELLOMIO, ANTHONY F.,
Address: 3512 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL

Title: D ( ) Delete
Name: BELLOMIO, ANTHONY F.,
Address: 3512 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D VP (X) Change ( ) Addition
Name: BELLOMIO COMMONS, LINDA
Address: 3512 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL

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: LINDA BELLOMIO COMMONS VP 10/07/2007

Electronic Signature of Signing Officer or Director — Date