2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# F86106

Entity Name: CHARLES D. THOMAS, D.M.D., P.A.

Current Principal Place of Business:

5382 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446 US

New Principal Place of Business:

5382 S. SUNCOAST BOULEVARD
HOMOSASSA, FL 34446 US

Current Mailing Address:

5382 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446 US

New Mailing Address:

5382 S. SUNCOAST BOULEVARD
HOMOSASSA, FL 34446 US

FEI Number: 59-2197011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, CHARLES D
5382 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

THOMAS, CHARLES D
5382 S. SUNCOAST BOULEVARD
HOMOSASSA, FL 34446 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: 03/09/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THOMAS, CHARLES D,
Address: 5382 S. SUNCOAST BLVD.
City-St-Zip: HOMASASSA, FL 00000,

Title: VPT ( ) Delete
Name: THOMAS, KAREN
Address: 5832 S SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: THOMAS, CHARLES D,
Address: 5382 S. SUNCOAST BOULEVARD
City-St-Zip: HOMOSASSA, FL 34446 US

Title: VPT (X) Change ( ) Addition
Name: THOMAS, KAREN
Address: 5832 S SUNCOAST BOULEVARD
City-St-Zip: HOMOSASSA, FL 34446 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: CHARLES D THOMAS PD 03/09/2009
Electronic Signature of Signing Officer or Director — Date