2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008
Secretary of State

DOCUMENT# G67063

Entity Name: JOSEPH G. CHIAFAIR, D.D.S., M.S., P.A.

Current Principal Place of Business:

% JOSEPH G. CHIAFAIR, D.D.S.
9471 BAYMEADOWS RD #101
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

% JOSEPH G. CHIAFAIR, D.D.S.
540 STATE RD 13 NORTH
FRUIT COVE, FL 32259

New Mailing Address:

FEI Number: 59-2340377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIAFAIR, JOSEPH G.
540 STATE RD 13 NORTH
101
FRUIT COVE, FL 32259 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: CHIAFAIR, JOSEPH G.,, DDS
Address: 959 BAYSIDE BLUFF RD.
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: CHIAFAIR, JOSEPH G DR.
Address: 959 BAYSIDE BLUFF RD.
City-St-Zip: JACKSONVILLE, FL 32259

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: JOSEPH CHIAFAIR DR 02/26/2008

Electronic Signature of Signing Officer or Director — Date