2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Apr 30, 2007 08:00 All Secretary of State DOCUMENT # J32597 1. Entity Namo JOHN L. BRIGGLE, D.D.S., P.A. Principal Place of Business Mailing Address 368 SEVILLA AVE. CORAL GABLES FL 33134 368 SEVILLA AVE. CORAL GABLES FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2725279 Not Applicable Zip Country Country Zip \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRIGGLE, JOHN L. Stroot Addross (P.O. Box Number is Not Acceptable) 368 SEVILLA AVE. CORAL GABLES FL 33134 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete IIILE Change ☐ Addition BRIGGLE, JOHN L. NAME NAME 368 SEVILLA AVE. STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** CITY ST-7IP CHY-SI-ZIP TITLE ☐ Defete THLE 05/15/07-80053-00P 999.0P Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-S1-ZIP HILE ☐ Delete III4F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP THUE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP IIILE Delete HHE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7JP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN L BLIGGE DARS,