2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J95051

Entity Name: STEVEN J. HOCHFELDER, D.M.D., P.A.

FILED Apr 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O STEVEN J. HOCHFELDER 200 WAYMONT CT SUITE 130 LAKE MARY, FL 32746 US

Current Mailing Address: New Mailing Address:

C/O STEVEN J. HOCHFELDER 200 WAYMONT CT SUITE 130 LAKE MARY, FL 32746 US

FEI Number: 59-2844610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOCHFELDER, STEVEN J
3521 LEGACY HILLS COURT
LONGWOOD, FL 32779 US
HOCHFELDER, STEVEN J
2901 ALAQUA LAKES BLVD.
LONGWOOD, FL 32779 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: 04/14/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition HOCHFELDER, STEVEN J, HOCHFELDER, STEVEN J, . Name: Name: 3521 LEGACY HILLS COURT Address: 2901 ALAQUA LAKES BLVD. Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779

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: STEVEN HOCHFELDER OWNE 04/14/2008

Electronic Signature of Signing Officer or Director

Date