2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# J97782

Entity Name: CROSSROADS DENTAL CENTER, P.A.

Current Principal Place of Business:

C/O JEFFREY KANE
11634 N. KENDALL DRIVE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

C/O JEFFREY KANE
11634 N. KENDALL DRIVE
MIAMI, FL 33176

New Mailing Address:

FEI Number: 59-2856827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANE, JEFFREY
11634 N. KENDALL DRIVE
MIAMI, FL 33176 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: D ( ) Delete
Name: KANE, JEFFREY,
Address: 11634 N. KENDALL DR.
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: KANE, STANFORD E.,
Address: 16235 N.E. 11TH CT.
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: D ( ) Delete
Name: KANE, FREDERICK
Address: 11634 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JEFFREY KANE D.M.D. PRES 01/15/2008

Electronic Signature of Signing Officer or Director — Date