2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# K65286

Entity Name: AMERICAN DENTAL CLINIC, P.A.

Current Principal Place of Business:

5153 MARINE PKWY
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5153 MARINE PKWY
NEW PORT RICHEY, FL 34652

New Mailing Address:

9719 EL SOL COURT
NEW PORT RICHEY, FL 34655

FEI Number: 59-2928389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAINI, WADBHAG S.
9719 EL SOL CT.
NEW PORT RICHEY, FL 34655 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: PD ( ) Delete
Name: SAINI, WADBHAG S.,
Address: 5153 MARINE PKWY
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SAINI, WADBHAG S.,
Address: 9719 EL SOL COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

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: SAINI. WADBHAG S. PD 04/26/2007

Electronic Signature of Signing Officer or Director — Date