2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 08:00 AM Secretary of State DOCUMENT #L15567 C. MICHAEL TURNER, D.D.S., P.A. Principal Place of Business Mailing Address 1111 PERSONS ST. 1111 PERSONS ST KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 01082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2974247 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TURNER, MICHAEL C DO NOT WRITE 11124 ROCKPORT ST ORLANDO, FL 32836 IN THIS SPACE 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 if applicable 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. U00000783555 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE TURNER, C M NAME STREET ADDRESS 11124 ROCKPORT ST CITY-ST-ZIP ORLANDO, FL 32836 TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Bl

SIGNATURE:

changed, or on an attachment with

GNATURE AND TYPED OR