2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L16222

Entity Name: ORLANDO DENTAL SERVICES, P.A.

FILED May 01, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

5736 N. ORANGE BLOSSOM TR 12515 NO. KENDALL DRIVE ORLANDO, FL 32810

SUITE 406

MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

12515 N. KENDALL DR 12515 N. KENDALL DR

SUITE 412 SUITE 406

MIAMI, FL 33186 MIAMI, FL 33186 US

FEI Number: 65-0146486 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:

BILECA, MICHAEL BILECA, MICHAEL 12515 N. KENDALL DR. 12515 N. KENDALL DR. #406 #412

MIAMI, FL 33186 US MIAMI, FL 33186 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: 05/01/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

BERKOWITZ, HARRY, BERKOWITZ, HARRY, Name: Name: 12515 N. KENDALL DR., #412 Address: 12515 N. KENDALL DR., #406 Address:

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: Title: () Delete (X) Change () Addition

Name: GOBER, MELVYN Name: GOBER, MELVYN

12515 N. KENDALL DR. Address: 12515 N. KENDALL DR. # 406 Address:

MIAMI, FL 33186 MIAMI, FL 33186 City-St-Zip: 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.

Ρ SIGNATURE: MELVYN GOBER 05/01/2007