2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# M26314

Entity Name: THE DENTAL OFFICE OF DR. CALZADILLA, P.A.

Current Principal Place of Business:

C/O ELDA CALZADILLA
580 E 49TH ST.
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

C/O ELDA CALZADILLA
580 E 49TH ST.
HIALEAH, FL 33013

New Mailing Address:

C/O ELDA CALZADILLA
P.O BOX 490368
MIAMI, FL 33149

FEI Number: 59-2646327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALZADILLA, ELDA
%THE DENTAL OFFICE OF DR. CALZADILLA, P.A.
580 E 49TH STREET
HIALEAH, FL 33013 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: CALZADILLA, ELDA,
Address: 151 CRANDON BLVD. APT. 320
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CALZADILLA, ELDA,
Address: P.O. BOX 490368
City-St-Zip: KEY BISCAYNE, FL 33149

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: ELDA CALZADILLA PD 04/30/2008

Electronic Signature of Signing Officer or Director — Date