2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# M79489

Entity Name: G & G DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

7030 NW 57TH ST.
TAMARAC, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

12515 N KENDALL DR
STE 412
MIAMI, FL 33186 US

New Mailing Address:

12515 N KENDALL DR
STE 406
MIAMI, FL 33186 US

FEI Number: 65-0043559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOBER, MELVYN S
12515 N. KENDALL DR.
SUITE #12
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

GOBER, MELVYN S
12515 N. KENDALL DR.
SUITE #406
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: 04/26/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GOBER, MELVYN S
Address: 12515 N. KENDALL DR.
City-St-Zip: MIAMI, FL 33186

Title: DST ( ) Delete
Name: GOBER, FRANK L.,
Address: 7030 N.W. 57TH ST.
City-St-Zip: TAMARAC, FL

Title: D ( ) Delete
Name: CAPLIN, HARVEY,
Address: 7030 NW 57TH ST.
City-St-Zip: TAMARAC, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GOBER, MELVYN S
Address: 12515 N. KENDALL DR. STE 406
City-St-Zip: MIAMI, FL 33186

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 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: MELVYN S GOBER DP 04/26/2007
Electronic Signature of Signing Officer or Director — Date