-2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # M86692 1. Entity Name JOEL KARPEL, D.D.S., P.A. Principal Place of Business Mailing Address % JOEL KARPEL 7193 WEST OAKLAND PARK BLVD. % JOEL KARPEL 7193 WEST OAKLAND PARK BLVD. LAUDERHILL FL 33313-1050 LAUDERHILL FL 33313-1050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For 65-0076718 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KARPEL, JOEL Street Address (P.O. Box Number is Not Acceptable) 7193 WEST OAKLAND PARK BLVD. LAUDERHILL FL Gitv Zip Code 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 (NOTE: Registered Agent signature required when constating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HITLE ☐ Delete TITLE ☐ Change Addition NAME KARPEL, JOEL NAME STREET ADORESS STREET ADDRESS U00000539225 05/03/06-80089-020 150.00 7051 S.W. 19TH ST CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP Delete MILE 100 5 ☐ Change Addition MAME MAME STREET ADDRESS STREET ADDRESS CRY-ST-7/P CITY ST. 7IP ☐ Colote me TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Delete TITLE TITLE Change Addition NAME NAM: STREET ADDRESS STRFET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY - ST - ZIP IHILE Delete THIE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _

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TOLL KARPEL PLUSIDEN