2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0000001623

FILED Jan 18, 2008 Secretary of State

Entity Name: GRIFFITH COSMETIC & FAMILY DENTAL CARE, P.A.

New Principal Place of Business: Current Principal Place of Business: 6360 PINE RIDGE RD. SUITE 202 NAPLES, FL 34119 **Current Mailing Address: New Mailing Address:** 6360 PINE RIDGE RD. SUITE 202 NAPLES, FL 34119 FEI Number: 59-3618389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRIFFITH, JOHNN 6360 PINÉ RIDGE RD. SUITE 202 NAPLES, FL 34119 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GRIFFITH, JOHNN Name: Name: 6360 PINE RIDGE RD., SUITE 202 Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: () Change () Addition GRIFFITH, DIANA E Name: Name: 6360 PINE RIDGE RD., SUITE 202 Address: Address: NAPLES, FL 34119 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.

SIGNATURE: JOHNN GRIFFITH PS 01/18/2008