2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# P00000006902

Entity Name: APOLLO DENTAL, INC.

Current Principal Place of Business:

17027 PINES BLVD.
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

17050 NORTH BAY RD
1102
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 65-0975441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEKKAS, NICK
17050 N BAY RD #1102
SUNNY ISLES, FL 33160

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: DP ( ) Delete
Name: LEKKAS, NICK
Address: 17050 N BAY RD #1102
City-St-Zip: SUNNY ISLES, FL 33160

Title: VP ( ) Delete
Name: NOICELY, IVOR ERROL
Address: 17050 N BAY RD #1102
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: NICK LEKKAS DP 01/09/2004

Electronic Signature of Signing Officer or Director — Date