2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# P00000021171

Entity Name: ALEX E. ALEMAN, DMD, PA

Current Principal Place of Business:

10796 PINES BLVD
SUITE 203
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

10796 PINES BLVD
SUITE 203
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-0985818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEMAN, ALEX E DMD
10889 BLUE PALM STREET
PLANTATION, FL 33324 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: ALEMAN, ALEX E DMD
Address: 10889 BLUE PALM STREET
City-St-Zip: PLANTATION, FL 33324

Title: VD ( ) Delete
Name: ALEMAN, MARK
Address: 805 LAKE BLVD.
City-St-Zip: WESTON, FL 33326

Title: SD ( ) Delete
Name: ALEMAN, ALIDA
Address: 805 LAKE BLVD.
City-St-Zip: WESTON, FL 33326

Title: TD ( ) Delete
Name: ALEMAN, JUAN
Address: 805 LAKE BLVD.
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ALEX E. ALEMAN DMD PD 04/16/2007

Electronic Signature of Signing Officer or Director — Date