2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# P00000023047

Entity Name: CLASSIC DENTAL, INC.

Current Principal Place of Business:

4267 WEST LAKE MARY BLVD
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

121 VARIETY TREE CIRCLE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3641642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBSON, RICHARD A
501 E. KENNEDY BOULEVARD
SUITE 1700
TAMPA, FL 33602 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: D ( ) Delete
Name: GARCIA, CEASAR M D.M.D.
Address: 121 VARIETY TREE CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: GARCIA, CEASAR M D.M.D.
Address: 121 VARIETY TREE CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: CEASAR M. GARCIA PRES 01/03/2007

Electronic Signature of Signing Officer or Director — Date