2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# P00000047985

Entity Name: JOHN R. BEATTIE, DDS, P.A.

Current Principal Place of Business:

960 LAKE BALDWIN LANE
ORLANDO, FL 32814

New Principal Place of Business:

Current Mailing Address:

960 LAKE BALDWIN LANE
ORLANDO, FL 32814

New Mailing Address:

FEI Number: 59-3647580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEATTIE, JOHN R
960 LAKE BALDWIN LANE
ORLANDO, FL 32814 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BEATTIE, JOHN R
Address: 401 N. MILLS AVE.
City-St-Zip: ORLANDO, FL 32803

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BEATTIE, JOHN R
Address: 960 LAKE BALDWIN LANE
City-St-Zip: ORLANDO, FL 32814

Title: V ( ) Change (X) Addition
Name: BEATTIE, JACK R
Address: 401 NORTH MILLS AVENUE
City-St-Zip: ORLANDO, FL 32083

Title: D ( ) Change (X) Addition
Name: MANGIARELLI, LISA
Address: 595 OAK COMMONS BLVD
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Change (X) Addition
Name: LEMKE, KATIA
Address: 595 OAK COMMONS BLVD
City-St-Zip: KISSIMMEE, FL 34741

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: JOHN R BEATTIE, DDS P 04/15/2008

Electronic Signature of Signing Officer or Director — Date