2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# P00000069052

Entity Name: MARY L. KALIMNIOS, DMD, P.A.

Current Principal Place of Business:

313 N BABCOCK STREET
MELBOURNE, FL 32935

New Principal Place of Business:

817 WESTPORT DRIVE
ROCKLEDGE, FL 32955

Current Mailing Address:

817 WESTPORT DRIVE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3667021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KALIMNIOS, MARY L DMD,PA
817 WESTPORT DRIVE
ROCKLEDGE, FL 32955 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: DR ( ) Delete
Name: KALIMNIOS, MARY L DMD
Address: 1167 INDIAN RIVER DRIVE
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARY L KALIMNIOS DR 04/18/2007

Electronic Signature of Signing Officer or Director — Date