


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90040 007 ***150.00

DOCUMENT # P00000082791	
1. Entity Name WILTON MANORS DENTAL, P.A.	

Principal Place of Business 164 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024	Mailing Address 164 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024
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60033220

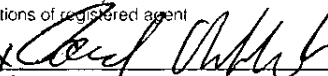


2. Principal Place of Business - No P.O. Box # 10794 PINES BLVD	3. Mailing Address 10794 PINES BLVD
Suite, Apt. #, etc. #103	Suite, Apt. #, etc. #103
City & State PEMBROKE PINES FL	City & State PEMBROKE PINES FL
Zip 33024	Country LISA

03122007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent THOMPSON, JACQUELINE 164 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent Name JACQUELINE THOMPSON Street Address (P.O. Box Number is Not Acceptable) 10794 PINES BLVD #103 City PEMBROKE PINES FL Zip Code 33024	
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8. 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. I am familiar with and accept the obligations of registered agent.

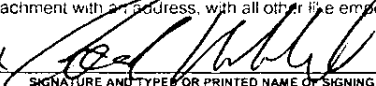
SIGNATURE:  DATE: **3/31/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIBBERT, CONRAD V 164 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONRAD V HIBBERT 10794 PINES BLVD #103 PEMBROKE PINES FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **3/30/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR