2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P00000082791

Entity Name: WILTON MANORS DENTAL, P.A.

Current Principal Place of Business:

10794 PINES BLVD
#103
PEMBROKE PINES, FL 33024

New Principal Place of Business:

10794 PINES BLVD
BLDG. 1 - SUITE 103
PEMBROKE PINES, FL 33024

Current Mailing Address:

10794 PINES BLVD
#103
PEMBROKE PINES, FL 33024

New Mailing Address:

10794 PINES BLVD
BLDG. 1 - SUITE 103
PEMBROKE PINES, FL 33024

FEI Number: 65-1038782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, JACQUELINE
10794 PINES BLVD
SUITE 103
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

THOMPSON, JACQUELINE
10794 PINES BLVD
BLDG. 1 - SUITE 103
PEMBROKE PINES, FL 33024 US

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: 04/28/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HIBBERT, CONRAD V
Address: 10794 PINES BLVD STE103
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DMD (X) Change ( ) Addition
Name: HIBBERT, CONRAD V
Address: 10794 PINES BLVD STE103
City-St-Zip: PEMBROKE PINES, FL 33024

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: CONRAD V. HIBBERT DMD 04/28/2008
Electronic Signature of Signing Officer or Director — Date