2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 28, 2008 08:00 A Secretary of State **DOCUMENT # P01000080738** HIGH VOLUME DENTAL CONSULTING, INC. Principal Place of Business Mailing Address PO BOX 21568 4240 PALACIO DR. SARASOTA, FL 34238-4565 SARASOTA, FL 34276-4568 No Chg-P 01222008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1139275 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WINTER, JOHN DO NOT WRITE 4240 PALACIO DR. SARASOTA, FL 34238-4565 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U000000798851 9. Election Campaign Financing \$5.00 May Be FiLE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 01/30/08-80045-024 150.00 10. OFFICERS AND DIRECTORS TITLE D NAME WINTER, JOHN STREET ADDRESS 4240 PALACIO DR. CITY-ST-ZIP SARASOTA, FL 342384565 TITLE NAME STREET ADDRESS CITY-ST-7IP MLE NAME STREET ADDRESS DO NOT WRITE CATY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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: _

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICIAR OR DIRECTO

6319877

FILED