2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111554

Entity Name: MCLEOD DENTAL GROUP INCORPORATED

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2105 HARTWOOD MARSH RD. SUITE #3 CLERMONT, FL 34711

Current Mailing Address: New Mailing Address:

33024 KARL CT
LEESBURG, FL 34788

2105 HARTWOOD MARSH RD.
SUITE #03
CLERMONT, FL 34711

FEI Number: 03-0452040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCLEOD, STEPHEN T
13520 SW 10TH PLACE
DAVIE, FL 33325

MCLEOD, STEPHEN T
1896 KNOLLCREST DRIVE
CLERMONT, FL 34711

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: 04/30/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V () Delete Title: V (X) Change () Addition Name: MCLEOD, LORETANA A Name: MCLEOD, LORETANA A

 Name:
 MCLEOD, LORETANA A
 Name:
 MCLEOD, LORETANA A

 Address:
 13520 SW 10TH PLACE
 Address:
 1896 KNOLLCREST DRIVE

 City-St-Zip:
 DAVIE, FL 33325 US
 City-St-Zip:
 CLERMONT, FL 34711 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LORETANA A. MCLEOD V 04/30/2004