2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P02000017308

Entity Name: LESLIE CELESTINA, D.D.S., P.A.

Current Principal Place of Business:

37 RYANT BLVD
SEBRING, FL 338724075

New Principal Place of Business:

5601 US 27 N
SEBRING, FL 33870

Current Mailing Address:

37 RYANT BLVD
SEBRING, FL 338724075

New Mailing Address:

5601 US 27 N
SEBRING, FL 33870

FEI Number: 01-0601566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CELESTINA, LESLIE DDS
37 RYANT BLVD
SEBRING, FL 338724075 US

Name and Address of New Registered Agent:

CELESTINA, LESLIE DDS
3746 CREEKSIDE DRIVE
SEBRING, FL 33875 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: 04/29/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CELESTINA, LESLIE DDS
Address: 37 RYANT BLVD
City-St-Zip: SEBRING, FL 338724075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CELESTINA, LESLIE DDS
Address: 3746 CREEKSIDE DRIVE
City-St-Zip: SEBRING, FL 33875

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: LESLIE CELESTINA DDS P 04/29/2009
Electronic Signature of Signing Officer or Director — Date