2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# P02000026841

Entity Name: TROPICAL CENTER FOR COSMETIC & FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

42 MARIE DRIVE
PONCE INLET, FL 32127

New Principal Place of Business:

1702 SR 44
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

P O BOX 291201
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 90-0015404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOOD, CHARLES D JR.
444 SEABREEZE BLVD., SUITE 900
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MEGAR, THOMAS R
Address: 42 MARIE DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: ST ( ) Delete
Name: MEGAR, NANCY
Address: 42 MARIE DRIVE
City-St-Zip: PONCE INLET, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: NANCY MEGAR ST 01/27/2005

Electronic Signature of Signing Officer or Director — Date