2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 11, 2008 08:00 AN Secretary of State **DOCUMENT # P02000060265** 1. Entity Name CROSS CITY DENTAL, PA Principal Place of Business Mailing Address 117 NE HWY 351 CROSS CITY FL 32628 PO BOX 2059 CROSS CITY FL 32628 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 32-0016657 Not Applicable Zip Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHYSICIAN ADVISORY GROUP Street Address (P.O. Box Number is Not Acceptable) 500 NW 43RD STREET STE. 3 GAINESVILLE FL 32607 City Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Synthese, typed or printed value of requisition discertains the Emphasion. fNOTE. Registered Agent eighature required which reinsmiting? DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete <u>M2719709-97038-014</u> NAME HENRY, STEPHEN M NAME STREET ADDRESS 117 NE 351 HWY STREET ADDRESS CITY-ST-ZIP CROSS CITY FL 32628 CITY-ST-ZIP TITLE ☐ Derete TITL F Change Addition NAME HENRY, ANGELA G NAME STREET ADDRESS 117 NE 351 HWY STREET ADDRESS CITY-ST-ZIP CROSS CITY FL 32628 CITY-ST-ZIP TITLE ☐ Derete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete MILE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of 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 true and that my name appears in Block 10 or Block 11

STEPHEN M. HENRYDMD 2-11-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

(352)498-700/

of the corporation or if changed, or on an

SIGNATURE: