2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2009
Secretary of State

DOCUMENT# P02000060265

Entity Name: CROSS CITY DENTAL, PA

Current Principal Place of Business:

117 NE HWY 351
CROSS CITY, FL 32628

New Principal Place of Business:

Current Mailing Address:

PO BOX 2059
CROSS CITY, FL 32628

New Mailing Address:

FEI Number: 32-0016657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHYSICIAN ADVISORY GROUP
500 NW 43RD STREET
STE. 3
GAINESVILLE, FL 32607 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: HENRY, STEPHEN M
Address: 117 NE 351 HWY
City-St-Zip: CROSS CITY, FL 32628

Title: MRS (X) Delete
Name: HENRY, ANGELA G
Address: 117 NE 351 HWY
City-St-Zip: CROSS CITY, FL 32628

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 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: STEPHEN M HENRY/OWNER DR. 06/10/2009

Electronic Signature of Signing Officer or Director — Date