2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2010
Secretary of State

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Entity Name: LUIS F. MOTA, D.M.D., M.S., P.A.

Current Principal Place of Business:

LUIS F. MOTA DMD MS PA
17050 NORTH BAY RD, #1206
SUNNY ISLES, FL 33160

New Principal Place of Business:

LUIS F MOTA DMD MS PA
17050 NORTH BAY RD, #1206
SUNNY ISLES, FL 33160

Current Mailing Address:

LUIS F. MOTA DMD MS PA
17050 NORTH BAY RD, #1206
SUNNY ISLES, FL 33160

New Mailing Address:

LUIS F MOTA DMD MS PA
17050 NORTH BAY RD, #1206
SUNNY ISLES, FL 33160

FEI Number: 01-0752431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOTA, LUIS F
17050 NORTH BAY RD
1206
SUNNY ISLES, FL 33160 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: PD
Name: MOTA, LUIS F
Address: 17050 NORTH BAY RD, #1206
City-St-Zip: SUNNY ISLES, FL 33160

I hereby 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 all other like empowered.

SIGNATURE: LM PD 02/10/2010

Electronic Signature of Signing Officer or Director — Date