2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2005
Secretary of State

DOCUMENT# P02000127892

Entity Name: ED WALTERS, DDS, INC.

Current Principal Place of Business:

8351 W. ATLANTIC BLVD.
CORAL SPRINGS, FL 330717452

New Principal Place of Business:

Current Mailing Address:

8351 W. ATLANTIC BLVD.
CORAL SPRINGS,, FL 33071

New Mailing Address:

FEI Number: 02-0659935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWEITZER, CHARLES E
1040 BAYVIEW DR., #320
FT. LAUDERDALE, FL 333042532 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: EDWARD R. WALTERS DDS,P.A
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WALTERS, EDWARD R
Address: 8351 W. ATLANTIC BLVD.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP ( ) Delete
Name: CACERES, OSCAR
Address: 8351 W. ATLANTIC BLVD.
City-St-Zip: CORAL SPRINGS, FL 330717452

Title: S ( ) Delete
Name: WALTERS, MARIA
Address: 8351 W ATLANTIC BLVD
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: EDWARD R. WALTERS D.D.S.PA P 10/10/2005
Electronic Signature of Signing Officer or Director — Date