2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034759

Entity Name: ST. AUGUSTINE DENTAL CARE, P.A.

FILED Apr 20, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 1876 P.O. BOX 291385

ST. AUGUSTINE, FL 32085 PORT ORANGE, FL 32129

Current Mailing Address: New Mailing Address:

P.O. BOX 1876 P.O. BOX 291385

ST. AUGUSTINE, FL 32085 PORT ORANGE, FL 32129

FEI Number: 27-0051920 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LUONG, CATHLEENLUONG, CATHLEEN420 SAN NICOLAS WAY3602 S. PENINSULA DRIVEST. AUGUSTINE, FL 32080US103103

PORT ORANGE, FL 32127 US

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: 04/20/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition

Name: LUONG, CATHLEEN Name: LUONG, CATHLEEN Address: 420 SAN NICOLAS WAY Address: 3602 S. PENINSULA DRIVE #103
City-St-Zip: ST. AUGUSTINE, FL 32080 City-St-Zip: PORT ORANGE, FL 32127

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: CATHLEEN LUONG PSTD 04/20/2004