2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# P03000065296

Entity Name: MARTIN AND JACOBSON ORTHODONITCS, INC.

Current Principal Place of Business:

7575 W UNIVERSITY AVE, STE E
STE E
GAINESVILLE, FL 32607

New Principal Place of Business:

7575 W UNIVERSITY AVE
STE E
GAINESVILLE, FL 32607

Current Mailing Address:

7575 W UNIVERSITY AVE, STE E
STE E
GAINESVILLE, FL 32607

New Mailing Address:

7575 W UNIVERSITY AVE
STE E
GAINESVILLE, FL 32607

FEI Number: 02-2244370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, DAWN L DMD, MS
9269 SW 30TH LANE
GAINESVILLE, FL 32608 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: PT ( ) Delete
Name: JACOBSON, A PAGE DDS, MS
Address: 14128 NW 15 LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: VS ( ) Delete
Name: MARTIN, DAWN L DMD, MS
Address: 9269 SW 30TH LANE
City-St-Zip: GAINESVILLE, FL 32608

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 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: DAWN L. MARTIN, DMD, MS VS 01/05/2005

Electronic Signature of Signing Officer or Director — Date