2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P03000066503

Entity Name: INDIAN TRACE DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

46 INDIAN TRACE RD., UNIT A
WESTON, FL 33326

New Principal Place of Business:

46 INDIAN TRACE
WESTON, FL 33326

Current Mailing Address:

46 INDIAN TRACE RD., UNIT A
WESTON, FL 33326

New Mailing Address:

46 INDIAN TRACE
WESTON, FL 33326

FEI Number: 57-1171801 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VILLA, RODOLFO
46 INDIAN TRACE RD., UNIT A
UNIT A
WESTON, FL 33326 US

Name and Address of New Registered Agent:

VILLA, RODOLFO
46 INDIAN TRACE
WESTON, FL 33326 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: _____ 04/22/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VILLA, RODOLFO
Address: 46 INDIAN TRACE RD., UNIT A
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: VILLA, RODOLFO
Address: 46 INDIAN TRACE
City-St-Zip: WESTON, FL 33326

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: RODOLFO VILLA DR. 04/22/2009
Electronic Signature of Signing Officer or Director — Date