2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103640

Entity Name: EDGARDO ARTURO GRANDE, D.M.D., P.A.

FILED Sep 01, 2004 Secretary of State

| Current Principal Place of Busi | ness: New | Principal Place of Bus | siness: |
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7695 ST. ANDREWS ROAD 50 COCOANUT ROW LAKE WORTH, FL 33467 SUITE 309

PALM BEACH, FL 33480

Current Mailing Address: New Mailing Address:

7695 ST. ANDREWS ROAD 8270 ELEUTHERA LANE LAKE WORTH, FL 33467 WELLINGTON, FL 33480

FEI Number: 20-0238650 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:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: (X) Change () Addition GRANDE, EDGARDO A DMD Name: Name: GRANDE, EDGARDO A DMD 7695 ST. ANDREWS ROAD 50 COCOANUT ROW SUITE 309 Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: PALM BEACH, FL 33480

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

 Name:
 CARBONE, TRACY J
 Name:
 CARBONE, TRACY J

 Address:
 7695 ST. ANDREWS ROAD
 Address:
 50 COCOANUT ROW

 City-St-Zip:
 LAKE WORTH, FL 33467
 City-St-Zip:
 PALM BEACH, FL 33480

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: EDGARDO A. GRANDE PSTD 09/01/2004