2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# P03000131708

Entity Name: AMBERLY FAMILY DENTISTRY PA

Current Principal Place of Business:

14463 BRUCE B. DOWNS
TAMPA, FL 33613 US

New Principal Place of Business:

14463 UNIVERSITY COVE PLACE
TAMPA, FL 33613 US

Current Mailing Address:

14463 BRUCE B. DOWNS BLVD.
TAMPA, FL 33613 US

New Mailing Address:

14463 UNIVERSITY COVE PLACE
TAMPA, FL 33613 US

FEI Number: 20-0391920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERSAUD, DARSHANAND
14463 BRUCE B. DOWNS. BLVD
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

PERSAUD, DARSHANAND
14463 UNIVERSITY COVE PLACE
TAMPA, FL 33613 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: 01/21/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: PERSAUD, DARSHANAND
Address: 14463 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33613 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: PERSAUD, DARSHANAND
Address: 14463 UNIVERSITY COVE PLACE
City-St-Zip: TAMPA, FL 33613 US

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: DARSHANAND PERSAUD MGR 01/21/2009
Electronic Signature of Signing Officer or Director — Date