2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# P03000150624

Entity Name: MARTIN ORTHODONTICS OF CHIEFLAND, PA

Current Principal Place of Business:

500 NW 43RD STREET
STE 3
GAINESVILLE, FL 32607

New Principal Place of Business:

410 N MAIN STREET
SUITE 8
CHIEFLAND, FL 32626

Current Mailing Address:

4110-DNW 37TH PL
GAINESVILLE, FL 32606

New Mailing Address:

410 N MAIN STREET
SUITE 8
CHIEFLAND, FL 32626

FEI Number: 43-2039001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, WILLIAM B
500 NW 43RD STREET
STE 3
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

MARTIN, WILLIAM B
410 N MAIN STREET
STE 8
CHIEFLAND, FL 32626 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: _____ 03/11/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MARTIN, WILLIAM B
Address: 4110-D NW 37TH PL
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MARTIN, WILLIAM B
Address: 410 N MAIN STREET SUITE 8
City-St-Zip: CHIEFLAND, FL 32626

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: DR WILLIAM MARTIN PRES 03/11/2009
Electronic Signature of Signing Officer or Director — Date