2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2008 08:00 AN Secretary of State DOCUMENT # P04000071547 DENTISTRY1 PA Principal Place of Business Mailing Address 13535 BEACH BLVD 13535 BEACH BLVD JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 No Chq-P CR2E034 (11/05) 04252008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0802816 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHAEFFER, WILLIAM DO NOT WRITE 1765 DERRINGER RD JACKSONVILLE, FL 32225 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and little it applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 500000939968 05/28/08-80049-002 150.00 TITLE SHAEFFER, WILLIAM NAME STREET ADDRESS 1765 DERRINGER RD CITY-ST-ZIP JACKSONVILLE, FL 32225 THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like impowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-28-08

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Daytime Phone #

FILED