2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# P04000114094

Entity Name: TROPICAL DENTAL CENTER OF GAINESVILLE, P.A.

Current Principal Place of Business:

717 EAST OAK STREET
KISSIMMEE, FL 34744

New Principal Place of Business:

2516 NW 43RD STREET
GAINESVILLE, FL 32606

Current Mailing Address:

1702 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

P.O. BOX 291201
PORT ORANGE, FL 32129

FEI Number: 20-1477084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWART, HARRY J CPA
717 EAST OAK STREET
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MEGAR, THOMAS R DDS
Address: 42 MARIE DRIVE
City-St-Zip: PONCE INLET, FL 32129

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MEGAR, THOMAS R DDS
Address: 42 MARIE DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: SCT ( ) Change (X) Addition
Name: MEGAR, NANCY
Address: 42 MARIE DRIVE
City-St-Zip: PONCE INLET, FL 32127

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: NANCY MEGAR SCT 01/27/2005

Electronic Signature of Signing Officer or Director — Date