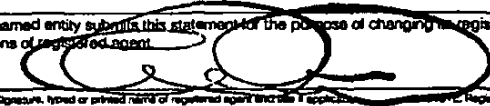


2005 FOR PROFIT CORPORATION ANNUAL REPORT

3. **FILED**
May 02, 2005 8:00 am
Secretary of State
03-21-2005 90071 025 ***150.00

DOCUMENT # P04000158697					
1. Entity Name GRAYHILLS & MOHIP DENTAL, P.A.					
Principal Place of Business 12794 W. FOREST HILL BLVD., SUITE 27 WELLINGTON, FL 33414			Mailing Address 12794 W. FOREST HILL BLVD., SUITE 27 WELLINGTON, FL 33414		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1641040	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILKINSON, KEVIN D 12794 W. FOREST HILL BLVD., SUITE 27 WELLINGTON, FL 33414			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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  DATE					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRAYHILLS, LAURENCE A		NAME		
STREET ADDRESS	12794 W. FOREST HILL BLVD., SUITE 27		STREET ADDRESS		
CITY- ST- ZIP	WELLINGTON, FL 33414		CITY- ST- ZIP		
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MOHIP, VIKRAM		NAME		
STREET ADDRESS	12794 W. FOREST HILL BLVD., SUITE 27		STREET ADDRESS		
CITY- ST- ZIP	WELLINGTON, FL 33414		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fee empowered.					
SIGNATURE:  DATE Daytime Phone #					