

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000009097

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE ORLANDO DENTAL GROUP, P.A.

Current Principal Place of Business:

114 TIMBERLACHEN CIRCLE
LAKE MARY, FL 32746

New Principal Place of Business:

121 S. ORANGE AVE
1170-N
ORLANDO, FL 32801 US

Current Mailing Address:

114 TIMBERLACHEN CIRCLE
LAKE MARY, FL 32746

New Mailing Address:

121 S. ORANGE AVE
1170-N
ORLANDO, FL 32801 US

FEI Number: 59-2745999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PYLE, KENNETH E
322 E CENTRAL BLVD
#1601
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

PYLE, KENNETH E
121 S. ORANGE AVE
1170-N
ORLANDO, FL 32801 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: KENNETH PYLE

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PYLE, KENNETH E
Address: 322 E CENTRAL BLVD, #1601
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PYLE, KENNETH E
Address: 121 S. ORANGE AVE, SUITE 1170-N
City-St-Zip: ORLANDO, FL 32801 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: KENNETH PYLE

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date