2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006
Secretary of State

DOCUMENT# P05000010252

Entity Name: LAKE WALES DENTAL ASSOCIATES, INC.

Current Principal Place of Business:

2387 HWY 27 NORTH
LAKE WALES, FL 33859

New Principal Place of Business:

23871 NORTH U.S. HIGHWAY 27
LAKE WALES, FL 33859

Current Mailing Address:

2387 HWY 27 NORTH
LAKE WALES, FL 33859

New Mailing Address:

23871 NORTH U.S. HIGHWAY 27
LAKE WALES, FL 33859

FEI Number: 20-2221593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JUNCA, DAVID E DDS
4220 BELLE GROVE CT.
BELLE ISLES, FL 32812 US

Name and Address of New Registered Agent:

JUNCA, DAVID E DDS
4884 NEW BROAD ST.
323
ORLANDO, FL 32814 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: 02/07/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JUNCA, DAVID E
Address: 12870 WATERFORD LAKES PARKWAY
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID E. JUNCA P 02/07/2006
Electronic Signature of Signing Officer or Director — Date