2006 FOR PROFIT CORPORATION

Jul 12, 2006 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P05000030223** 1. Entity Name JOSE R. VENEGAS, D.D.S., P.A. 07-12-2006 90006 038 ***550.00 Mailing Address Principal Place of Business 11532 PLANTATION PRESERVE 11532 PLANTATION PRESERVE 50022205 FORT MYERS, FL 33912 FORT MYERS, FL 33912 3. Mailing Address 2. Principal Place of Business 11532 PLANTATION PRESERVE 28315 S. TAMIAMI TRAIL Suite, Apt. #, etc. Suite, Apt. #, etc. 07062006 Chg-P CR2E034 (11/05) suite 102 City & State BONITA SPRINGS 4. FEI Number 54- 21 69049 City & State Applied For Myers. Not Applicable Country Country \$8,75 Additional 5. Certificate of Status Desired USÁ 33966 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **VENEGAS, JOSE R DDS** Street Address (P.O. Box Number is Not Acceptable) 11532 PLANTATION PRESERVE FORT MYERS, FL 33912 City 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 Jose R. Venegas, DOS P.A. 7-6-06 SIGNATU (NOTE: Registered Agent aignature required when reinstating) I name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE ☐ Delete TITLE ☐ Change ☐ Addition MALAE VENEGAS, JOSE R DDS NAME STREET ADDRESS 11532 PLANTATION PRESERVE STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ANORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ 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

12. I hereby certify that the information supplied with this filling 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 empowered.

SIGNATURE:

Venegas, DOS P.A

FILED