2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082180

Entity Name: BONS ORTHODONTICS, P.A.

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1637 N HIATUS RD 1637 N HIATUS RD

HOLLYWOOD, FL 33026 PEMBROKE PINES, FL 33026 US

Current Mailing Address: New Mailing Address:

1637 N HIATUS RD 1637 N HIATUS RD

HOLLYWOOD, FL 33026 PEMBROKE PINES, FL 33026 US

FEI Number: 20-2996316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KURZWEIL, HOWARD E ESQ TOWER 101 STE 1700 101 NE THIRD AVE

KURZWEIL, HOWARD E ESQ TOWER 101 STE 1500 101 NE THIRD AVE FT LAUDERDALE, FL 33301 FT LAUDERDALE, FL 33301

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: 04/24/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

BONS, BRIAN DDS BONS, BRIAN DDS Name: Name: 6802 LAS COLINAS CT Address: 7283 NW 116TH LANE Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: PARKLAND, FL 33076 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: BRIAN BONS 04/24/2007 D