2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145602

Entity Name: COLUMBIA DENTAL ASSOCIATES, INC.

FILED Jan 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4401 E. COLONIAL DRIVE 1135 W. COLUMBIA AVE. SUITE 108 KISSIMMEE, FL 34741 ORLANDO, FL 32803 **New Mailing Address: Current Mailing Address:** 11228 BRIDGE HOUSE ROAD 1135 W. COLUMBIA AVE. KISSIMMEE, FL 34741 WINDERMERE, FL 34786 FEI Number: 20-3702541 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: BARINAS, FROILAN 11228 BRIDGE HOUSE ROAD WINDEREMERE, FL 34786 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BARINAS, FROILAN Name: Name: 11228 BRIDGE HOUSE ROAD Address: Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: BARINAS, NORMA Address: Address: 11228 BRIDGE HOUSE ROAD WINDERMERE, FL 34786 City-St-Zip: 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: FROILAN BARINAS PTS 01/30/2007