2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2012
Secretary of State

DOCUMENT# P05000155538

Entity Name: ARTISTIC CENTER FOR DENTISTRY, INC.

Current Principal Place of Business:

5820 S. WILLIAMSON BLVD
SUITE 1
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

821 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 20-3847806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LUONG, CATHLEEN H
3588 GRANDE TUSCANY WAY
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

LUONG, CATHLEEN H
3538 TUSCANY RESERVE BLVD
NEW SMYRNA BEACH, FL 32168 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: 02/23/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: LUONG, CATHLEEN H.
Address: 3538 TUSCANY RESERVE BLVD
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D
Name: LUONG, NGHIA M
Address: 3538 TUSCANY RESERVE BLVD
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

I hereby 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 all other like empowered.

SIGNATURE: CATHLEEN H. LUONG P 02/23/2012
Electronic Signature of Signing Officer or Director — Date