2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: AUREL CIOBANU, D.M.D., P.A.

Current Principal Place of Business:

333 NW 70TH AVE.
SUITE 207
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

333 NW 70TH AVE.
SUITE 207
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 20-4917153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CIOBANU, AUREL D.M.D.
333 NW 70TH AVE.
207
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DR
Name: CIOBANU, AUREL D.M.D.
Address: 333 NW 70TH AVE., SUITE 207
City-St-Zip: PLANTATION, FL 33317

Title: DR.
Name: CIOBANU, AUREL
Address: 333 NW 70TH AVENUE
City-St-Zip: PLANTATION, FL 33317

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Title: DR.
Name: CIOBANU, AUREL
Address: 333 NW 70 AVE
City-St-Zip: PLANTATION, FL 33317

Title: DR.
Name: CIOBANU, AUREL
Address: 333 NW 70 AVE
City-St-Zip: PLANTATION, FL 33317

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: AUREL CIOBANU DR. 04/12/2011

Electronic Signature of Signing Officer or Director — Date