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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000100916

1. Entity Name
ORTHODONTIC ASSOCIATES OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
2512 SE ANCHORAGE CV #A3 PORT ST. LUCIE, FL 34952	2512 SE ANCHORAGE CV #A3 PORT ST. LUCIE, FL 34952

04122007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5806 NW Zinnia St	PO BOX 7471
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pt St Lucie FL	City & State: Pt St Lucie FL
Zip: 54986 Country: PALM BEACH	Zip: 34985 Country: USA P.B.

4. FEI Number — [x] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VARGAS, ANDRES F
2512 SE ANCHORAGE CV #A3
PORT ST. LUCIE, FL 34952

7. Name and Address of New Registered Agent

Name: Andres F. Vargas
Street Address (P.O. Box Number is Not Acceptable): 5806 N.W Zinnia St
City: PT. ST. LUCIE FL Zip Code: 34986

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 the obligations of registered agent.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. [ ] $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANDRES F. VARGAS 5806 N.W. Zinnia St PT. ST. LUCIE; Fl. 34986 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition

12. I hereby certify that the information supplied with this filing 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #