

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000112680

FILED
Jan 31, 2008
Secretary of State

Entity Name: INSTITUTE OF COMPUTERIZED DENTISTRY, INC.

Current Principal Place of Business:

3030 US HIGHWAY 301 NORTH
ELLENTON, FL 34219

New Principal Place of Business:

3030 US HIGHWAY 301 NORTH
ELLENTON, FL 34222

Current Mailing Address:

3030 US HIGHWAY 301 NORTH
ELLENTON, FL 34219

New Mailing Address:

3030 US HIGHWAY 301 NORTH
ELLENTON, FL 34222

FEI Number: 20-5461522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELROSE, DANIEL C DDS
3030 US HIGHWAY 301 NORTH
ELLENTON, FL 34219 US

Name and Address of New Registered Agent:

DELROSE, DANIEL C DDS
3030 US HIGHWAY 301 NORTH
ELLENTON, FL 34222 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:

01/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DELROSE, DANIEL C DDS
Address: 3030 US HIGHWAY 301 NORTH
City-St-Zip: ELLENTON, FL 34219

Title: D () Delete
Name: STEINBERG, RICHARD W
Address: 3030 US HIGHWAY 301 NORTH
City-St-Zip: ELLENTON, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: DELROSE, DANIEL C DDS
Address: 3030 US HIGHWAY 301 NORTH
City-St-Zip: ELLENTON, FL 34222

Title: DR (X) Change () Addition
Name: STEINBERG, RICHARD W
Address: 3030 US HIGHWAY 301 NORTH
City-St-Zip: ELLENTON, FL 34222

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: RICHARD W STEINBERG

DR

01/31/2008

Electronic Signature of Signing Officer or Director

Date