2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007
Secretary of State

DOCUMENT# P06000115933

Entity Name: CONTE DENTAL, P.A.

Current Principal Place of Business:

42 AMHERST RD
HIGHBAR HARBOR, NJ 08008 US

New Principal Place of Business:

9400 FOUNTAIN MEDICAL COURT
B101
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

42 AMHERST RD
HIGHBAR HARBOR, NJ 08008 US

New Mailing Address:

FEI Number: 20-5765240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONTE, TONIANN
2003 MITZI LANE
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

CONTE, TONIANN
2001 MITZI LANE
SANIBEL, FL 33957 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: 03/01/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: BURRUS, DAVID
Address: 42 AMHERST RD
City-St-Zip: HIGHBAR HARBOR, NJ 08008 US

Title: TRES ( ) Delete
Name: CONTE, TONIANN
Address: 42 AMHERST RD
City-St-Zip: HIGHBAR HARBOR, NJ 08008 US

Title: SECT ( ) Delete
Name: CONTE, TONIANN
Address: 42 AMHERST RD
City-St-Zip: HIGHBAR HARBOR, NJ 08008 US

Title: DIR ( ) Delete
Name: CONTE, TONIANN
Address: 42 AMHERST RD
City-St-Zip: HIGHBAR HARBOR, NJ 08008 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: DAVID BURRUS PRES 03/01/2007
Electronic Signature of Signing Officer or Director — Date