2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 07, 2010
Secretary of State

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Entity Name: FLORIDA CENTER FOR ESTHETIC DENTISTRY, P.A.

Current Principal Place of Business:

9825 W. SAMPLE RD.
SUITE 100
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

9825 W. SAMPLE RD.
SUITE 100
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-8237785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEDMAN, KATIA DDS
9825 W. SAMPLE RD.
SUITE 100
CORAL SPRINGS, FL 33065 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: PVSD
Name: FRIEDMAN, KATIA DDS
Address: 9825 W. SAMPLE RD., SUITE 100
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VP
Name: FRIEDMAN, ELI DMD
Address: 9825 W. SAMPLE RD, SUITE 100
City-St-Zip: CORAL SPRINGS, FL 33065 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: KATIA FRIEDMAN PVSD 06/07/2010

Electronic Signature of Signing Officer or Director — Date