2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P07000093744

Entity Name: HALCYON DENTAL, P.A.

Current Principal Place of Business:

13051 SUMMERFIELD SQUARE DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

13051 SUMMERFIELD SQUARE DRIVE
RIVERVIEW, FL 33578

Current Mailing Address:

16523 BRIDGEWALK DRIVE
LITHIA, FL 33547

New Mailing Address:

13051 SUMMERFIELD SQUARE DRIVE
RIVERVIEW, FL 33578

FEI Number: 26-0768473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: CAVIEDES, ERIKA
Address: 16523 BRIDGEWALK DRIVE
City-St-Zip: LITHIA, FL 33547

Title: VPT ( ) Delete
Name: GULLE, JOSEPH
Address: 16523 BRIDGEWALK DRIVE
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ERIKA CAVIEDES DPS 04/28/2009

Electronic Signature of Signing Officer or Director — Date