2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P07000096031

Entity Name: ADVANCED DENTAL INNOVATIONS, PA

Current Principal Place of Business:

4425 SW 129TH AVENUE
MIAMI, FL 33175 US

New Principal Place of Business:

514 N. STATE ROAD 7
ROYAL PALM BEACH, FL 33411 US

Current Mailing Address:

4425 SW 129TH AVENUE
MIAMI, FL 33175 US

New Mailing Address:

514 N. STATE ROAD 7
ROYAL PALM BEACH, FL 33411 US

FEI Number: 26-0787718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ADVANCED DENTAL INNOVATIONS MANAGEMENT, LL
4425 SW 129TH AVENUE
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

ADVANCED DENTAL INNOVATIONS MANAGEMENT, LL
514 N. STATE ROAD 7
ROYAL PALM BEACH, FL 33411 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: 04/30/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FONTE, FRANCISCO E
Address: 18710 WENTWORTH DRIVE
City-St-Zip: HIALEAH, FL 33015 US

Title: S ( ) Delete
Name: SOMOHANO, MARTHA M
Address: 4425 SW 129TH AVENUE
City-St-Zip: MIAMI, FL 33175 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: SOMOHANO, MARTHA M
Address: 514 N. STATE ROAD 7
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

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: FRANCISCO E FONTE D 04/30/2008
Electronic Signature of Signing Officer or Director — Date