2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 06, 2005 8:00 am Secretary of State DOCUMENT # P93000037556 09-06-2005 90137 037 ***158.75 FAMILY DENTISTRY OF HERNANDO, INC. Principal Place of Business Mailing Address 5080 COMMERCIAL WAY 5080 COMMERCIAL WAY 50065114 SPRING HILL, FL 34606 SPRING HILL, FL 34606 US 2. Principal Place of Business 3. Mailing Address Ommercial yay Suite, Apt. #, etc. Suite, Apt. #, etc 08182005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-3214504 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 412DL Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEBER, BARRY J Street Address (P.O. Box Number is Not Acceptable) 4939 CEDARBROOK LN SPRINGHILL, FL 34607 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE Delete TITLE ☐ Change ☐ Addition WEBER, BARRY J NAME STREET ADDRESS 5080 COMMERCIAL WAY STREET ADDRESS CITY-ST-7IP SPRING HILL, FL 34606 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SX-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. changed, or on an attachment with an

FILED

Date

Daytime Phone #

ATTACHMENT

50065114

8/17/05/ CORPORATE DETAIL RECORD SCREEN

FLD: 05/24/1993

11:39 AM

NUM: P93000037556 ST:FL ACTIVE/FL PROFIT FP1#: 59-3214504

NAME : FAMILY DENTISTRY OF HERNANDO, INC.

PRINCIPAL: 5080 COMMERCIAL WAY CHANGED: 01/31/01

ADDRESS SPRING HILL, FL 34606

MAILING : 5080 COMMERCIAL WAY CHANGED: 05/08/00

ADDRESS SPRING HILL, FL 34606 US

RA NAME : WEBER, BARRY J NAME CHG: 02/24/97

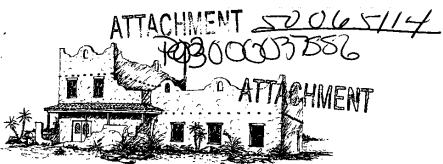
RA ADDR : 4939 CEDARBROOK LN ADDR CHG: 02/24/97

SPRINGHILL, FL 34607 US

ANN REP : (2002) A 02/14/02 (2003) A 04/14/03 (2004) N 02/06/04

1. MENU, 3. OFFICERS

ENTER SELECTION AND CR:



-Family Dentistry of Hernando, Inc.-BARRY J. WEBER, D.M.D.

August 31, 2005

Florida Department of State Division of Corporations P. O. Box 1500 Tallahassee, Fla. 32302-1500

Attn: Glenda E. Hood Secretary of State

We have received the attached letter dated August 17, 2005. We have attached the requested correspondence.

We are at this time requesting the late fee be waived due to not receiving the first notice regarding the 2005 annual report. Should you need to contact me, please call 352-596-7388.

Sincerely,

Barry J. Weber D.M.D.