2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

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Entity Name: SMILECARE DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

9000 GOLFSIDE DR.
SUITE B
JACKSONVILLE, FL 32256

New Principal Place of Business:

9000 GOLFSIDE DR.
SUITE B
JACKSONVILLE, FL 32256 US

Current Mailing Address:

300 EAST LONG LAKE RD
SUITE 311
BLOOMFIELD HILLS, MI 48304 US

New Mailing Address:

FEI Number: 59-3215587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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: P
Name: BRODY, ROBERT
Address: 300 EAST LONG LAKE RD SUITE 311
City-St-Zip: BLOOMFIELD HILLS, MI 48304 US

Title: S
Name: NODLAND, GREG
Address: 300 EAST LONG LAKE RD SUITE 311
City-St-Zip: BLOOMFIELD HILLS, MI 48304 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: GREG NODLAND S 04/27/2012

Electronic Signature of Signing Officer or Director — Date