2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# P94000001364

Entity Name: FAMILY AND COSMETIC DENTISTRY OF NORTH FLORIDA, P.A.

Current Principal Place of Business:

530 E HOWARD ST
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

530 E HOWARD ST
LIVE OAK, FL 32064

New Mailing Address:

506 NW FAT CAT COURT
LAKE CITY, FL 32055

FEI Number: 59-3225959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAIG, JOHNTHAN P
506 NW FAT CAT COURT
LAKE CITY, FL 32055 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: D ( ) Delete
Name: CRAIG, JOHN P D.M.D.
Address: 506 NW FAT CAT COURT
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN P CRAIG D 04/21/2006
Electronic Signature of Signing Officer or Director — Date