2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# P94000049151

Entity Name: HI-TECH DENTAL LAB OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

800 LOMAX ST STE 102
102
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

1061 RIVERSIDE AVE.
104
JACKSONVILLE, FL 32204 US

Current Mailing Address:

800 LOMAX ST STE 102
102
JACKSONVILLE, FL 32204 US

New Mailing Address:

1061 RIVERSIDE AVE.
104
JACKSONVILLE, FL 32204 US

FEI Number: 59-3247395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SARES, JOSEPH A.
800 LOMAX ST STE 102
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

SARES, JOSEPH A.
1061 RIVERSIDE AVE.
104
JACKSONVILLE, FL 32204 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: _____ 01/25/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SARES, JOSEPH A.
Address: 800 LOMAX ST STE102
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: SARES, RENEE
Address: 800 LOMAX ST. STE. 102
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SARES, JOSEPH A.
Address: 1061 RIVERSIDE AVE. STE. #104
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change ( ) Addition
Name: SARES, RENEE
Address: 1061 RIVERSIDE AVE. STE. #104
City-St-Zip: JACKSONVILLE, FL 32204

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: JOSEPH A. SARES PRES 01/25/2008
Electronic Signature of Signing Officer or Director — Date