2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P95000082192

Entity Name: TOWNCARE DENTAL PARTNERSHIP, INC.

Current Principal Place of Business:

12515 N. KENDALL DR
SUITE 406
MIAMI, FL 33186 US

New Principal Place of Business:

13195 SW 134TH STREET
2ND FLOOR
MIAMI, FL 33186 US

Current Mailing Address:

12515 N KENDALL DR
SUITE 406
MIAMI, FL 33186 US

New Mailing Address:

13195 SW 134TH STREET
2ND FLOOR
MIAMI, FL 33186 US

FEI Number: 65-0614597 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOBER, MELVYN S
12515 N KENDALL DR
STE 406
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

GOBER, MELVYN S
13195 SW 134 STREET
2ND FLOOR
MIAMI, FL 33186 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: CEO ( ) Delete
Name: GOBER, MELVYN S
Address: 12515 N KENDALL DR 406
City-St-Zip: MIAMI, FL 33186

Title: CFO ( ) Delete
Name: BILECA, MICHAEL
Address: 12515 N KENDALL DR 406
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: GOBER, MELVYN S
Address: 13195 SW 134TH STREET 2ND FLOOR
City-St-Zip: MIAMI, FL 33186

Title: CFO (X) Change ( ) Addition
Name: BILECA, MICHAEL
Address: 13195 SW 134TH STREET 2ND FLOOR
City-St-Zip: MIAMI, FL 33186

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: MELVYN S GOBER CEO 04/30/2008
Electronic Signature of Signing Officer or Director — Date