2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

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Entity Name: LITOWITZ, ORTHODONTIST, D.M.D., P.A.

Current Principal Place of Business:

5300 S ATLANTIC AVE
#5601
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

1645 DUNLAWTON AVENUE
#1624
PORT ORANGE, FL 32127

Current Mailing Address:

5300 S ATLANTIC AVE
#5601
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

1645 DUNLAWTON AVENUE
#1624
PORT ORANGE, FL 32127

FEI Number: 59-3379309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LITOWITZ, ARTHUR N
5300 S ATLANTIC AVE
#5601
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

LITOWITZ, ARTHUR N
1645 DUNLAWTON AVENUE
#1624
PORT ORANGE, FL 32127 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: 04/21/2011

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: LITOWITZ, ARTHUR N DR.
Address: 1645 DUNLAWTON AVENUE, #1624
City-St-Zip: PORT ORANGE, FL 32127

Title: VP
Name: KIMBL, KIT
Address: 5300 S ATLANTIC AVE 5601
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: ARTHUR N LITOWITZ DMD P 04/21/2011

Electronic Signature of Signing Officer or Director — Date