2007 FOR PROFIT CORPORATION

Mar 29, 2007 08:00 A **ANNUAL REPORT Secretary of State** DOCUMENT # P96000071291 RANDALL P. RIGSBY, D.M.D., P.A. Principal Place of Business Mailing Address 3969 SPANISH TRAIL 2344 ARRIVISTE WAY PENSACOLA, FL 32504 PENSACOLA, FL 32504 US 02282007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3399241 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIGSBY, RANDALL P DO NOT WRITE 2344 ARRIVISTE WAY PENSACOLA, FL 32504 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of reciptared about the diagnificable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE RIGSBY, RANDALL P NAME STREET ADDRESS 2344 ARRIVISTE WAY PENSACOLA, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS U00000682035 CITY-ST-ZIP 04/04/07-80069-017 150.0b TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; 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 in Block 10 or Block 11 if of the corporation of the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> RANDAU P. RIGSB! PRESIDENT/OUNTER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

950 438 8396

FILED