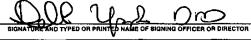
2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 12, 2005 8:00 am Secretary of State **DOCUMENT # P97000066189** 05-12-2005 90247 031 ***150.00 DEBÖRAH YASKIN, D.M.D. P.A. Principal Place of Business Mailing Address PO BOX 14868- 14460 50051920 BRADENTON, FL 34210 BRADENTON, FL 34280 01132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0764453 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YASKIN, DEBORAH DO NOT WRITE 530 KEY ROYALE DR BRADENTON, FL 34210 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00' May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE YASKIN, DEBRA NAME 14460 P O BOX 14908 STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34280 TITI F NAME YASKIN, DEBRA POBOX 14908 14460 STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34280 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TETLE NAME STREET ADDRESS CITY-ST-ZIP



FILED