2007 FOR PROFIT CORPORATION

changed, or on an attachment with an address; with all other like empowered.

SIGNATURE:

FILED Mar 29, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P97000073479** DAVID J. LEE, D.M.D., P.A. Principal Place of Business Mailing Address 7002 SHELDON RD. 7002 SHELDON RD. TAMPA, FL 33615 **TAMPA, FL 33615** 03172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3464609 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LEE, DAVID J 7002 SHELDON RD. TAMPA, FL 33615 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. 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 TITLE LEE, DAVID J. NAME STREET ADDRESS 7002 SHELDON RD. CITY-ST-ZIP **TAMPA, FL 33615** TITLE NAME \$\$\$`UOÕOO0682184\#\ STREET ADDRESS 1947,047,047,80076,4003,4150,00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME " STREET ADDRESS 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 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 in