2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 29, 2008
Secretary of State

DOCUMENT# P97000079623

Entity Name: BOYNTON ORAL & MAXILLOFACIAL SURGERY AND IMPLANT CENTER, P.A.

Current Principal Place of Business:

3695 BOYNTON BEACH BLVD., STE. 1
BOYNTON BEACH, FL 33436

New Principal Place of Business:

3695 BOYNTON BEACH BLVD.
SUITE 1
BOYNTON BEACH, FL 33436

Current Mailing Address:

3695 BOYNTON BEACH BLVD., STE. 1
BOYNTON BEACH, FL 33436

New Mailing Address:

3695 BOYNTON BEACH BLVD.
SUITE 1
BOYNTON BEACH, FL 33436

FEI Number: 65-0782157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEINERMAN, DAVID M
3695 BOYNTON BEACH BLVD., STE. 1
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: FEINERMAN, DAVID M
Address: 3695 BOYNTON BEACH BLVD., STE. 1
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: FEINERMAN, DAVID M
Address: 3695 BOYNTON BEACH BLVD., STE. 1
City-St-Zip: BOYNTON BEACH, FL 33436

Title: DVPS ( ) Change (X) Addition
Name: WAYNE, GARY J
Address: 3695 BOYNTON BEACH BLVD., SUITE1
City-St-Zip: BOYNTON BEACH, FL 33496

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: GARY M. WAYNE VP 09/29/2008

Electronic Signature of Signing Officer or Director — Date