2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2010
Secretary of State

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Entity Name: CHARLES SEGLER, D.D.S., P.A.

Current Principal Place of Business:

2915 S FEDERAL HWY
DUMAR PLAZA, SUITE #D-1
DELRAY BEACH, FL 334833288

New Principal Place of Business:

2915 S FEDERAL HWY
DUMAR PLAZA, SUITE #D-1
DELRAY BEACH, FL 334833288 US

Current Mailing Address:

2915 S FEDERAL HWY
DUMAR PLAZA, SUITE #D-1
DELRAY BEACH, FL 334833288

New Mailing Address:

2915 S FEDERAL HWY
DUMAR PLAZA, SUITE #D-1
DELRAY BEACH, FL 334833288 US

FEI Number: 65-0802836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SEGLER, CHARLES E DDS
2915 S FEDERAL HWY
DUMAR PLAZA, STE D-1
DELRAY BEACH, FL 334833217 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST
Name: SEGLER, CHARLES E DDS
Address: 2915 S. FEDERAL HWY, STE D-1
City-St-Zip: DELRAY BEACH, FL 334833288 US

Title: V
Name: SEGLER, CHARLES E DDS
Address: 2915 S. FEDERAL HWY, STE D-1
City-St-Zip: DELRAY BEACH, FL 334833288 US

Title: T
Name: SEGLER, CHARLES E DDS
Address: 2915 S. FEDERAL HWY, STE D-1
City-St-Zip: DELRAY BEACH, FL 334833288 US

Title: S
Name: SEGLER, CHARLES E DDS
Address: 2915 S. FEDERAL HWY STE D-1
City-St-Zip: DELRAY BEACH, FL 334833288 US

Title: DDS
Name: CHARLES, SEGLER E DDS
Address: 2915 SOUTH FEDERAL HWY SUITE D1
City-St-Zip: DELRAY BEACH, FL 33483 US

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: CHARLES SEGLER DDS. PRES 02/27/2010

Electronic Signature of Signing Officer or Director — Date