2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P98000037648

Entity Name: PRIME CARE DENTAL CENTER, P.A.

Current Principal Place of Business:

5652 TIMUQUANA RD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5652 TIMUQUANA RD
JACKSONVILLE, FL 32210

New Mailing Address:

PO BOX 441064
JACKSONVILLE, FL 32222

FEI Number: 59-3509575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALON-ALON, MARY R
5652 TIMUQUANA RD
JACKSONVILLE, FL 32210

Name and Address of New Registered Agent:

ALON-ALON, MARY R
2555 COUNTRY CLUB BLVD.
ORANGE PARK, FL 32073

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: 04/30/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALON-ALON, MARY R DDS
Address: 387 PERTSHIRE DR
City-St-Zip: JACKSONVILLE, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALON-ALON, MARY R DDS
Address: 2555 COUNTRY CLUB BLVD.
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY R. ALON-ALON P 04/30/2004
Electronic Signature of Signing Officer or Director — Date