2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2006
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:

3525 US HWY 17
ORANGE PARK, FL 32003

Current Mailing Address:

PO BOX 441064
JACKSONVILLE, FL 32222

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ALON-ALON, MARY R
3525 US HWY 17
ORANGE PARK, FL 32003 US

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: 04/08/2006
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: 2555 COUNTRY CLUB BLVD.
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALON-ALON, MARY R DDS
Address: 3525 US HWY 17
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY ROSE ALON-ALON DR 04/08/2006
Electronic Signature of Signing Officer or Director — Date