2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# P98000044668

Entity Name: MICHAEL J. KONZELA, D.D.S., P.A.

Current Principal Place of Business:

706 WEST BOYNTON BEACH BLVD.
SUITE 105
BOYNTON BEACH, FL 33426

New Principal Place of Business:

1501 CORPORATE DRIVE
SUITE 140
BOYNTON BEACH, FL 33426

Current Mailing Address:

706 WEST BOYNTON BEACH BLVD.
SUITE 105
BOYNTON BEACH, FL 33426

New Mailing Address:

1501 CORPORATE DRIVE
SUITE 140
BOYNTON BEACH, FL 33426

FEI Number: 65-0840889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KONZELA, MICHAEL J DDS
706 W BOYNTON BEACH BLVD
STE 105
BONYTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

KONZELA, MICHAEL J DDS
1501 CORPORATE DRIVE
SUITE 140
BONYTON BEACH, FL 33426 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: _____ 02/20/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: KONZELA, MICHAEL J DDS
Address: 706 W BOYNTON BEACH BLVD, #105
City-St-Zip: BOYNTON BEACH, FL 33426 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: KONZELA, MICHAEL J DDS
Address: 1501 CORPORATE DR., #140
City-St-Zip: BOYNTON BEACH, FL 33426 US

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: MICHAEL J. KONZELA, DDS DR. 02/20/2007
Electronic Signature of Signing Officer or Director — Date