2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P98000049649

Entity Name: WESTON DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

46 INDIAN TRACE ROAD
WESTON, FL 33326

New Principal Place of Business:

2751 EXECUTIVE PARK DRIVE
SUITE 204
WESTON, FL 33331

Current Mailing Address:

46 INDIAN TRACE ROAD
WESTON, FL 33326

New Mailing Address:

2751 EXECUTIVE PARK DRIVE
SUITE 204
WESTON, FL 33331

FEI Number: 65-0843739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLARDONIS, ARMANDO
20533 OLD CUTLER RD.
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

BLARDONIS, ARMANDO
2751 EXECUTIVE PARK DRIVE
SUITE 204
WESTON, FL 33331 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: _____ 04/28/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BLARDONIS, ARMANDO
Address: 20533 OLD CUTLER ROAD
City-St-Zip: MIAMI, FL 33189

Title: VSD ( ) Delete
Name: LOPEZ, MANUEL G
Address: 4040
City-St-Zip: S. MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BLARDONIS, ARMANDO
Address: 2751 EXECUTIVE PARK DRIVE, SUITE 204
City-St-Zip: WESTON, FL 33331

Title: VSD (X) Change ( ) Addition
Name: LOPEZ, MANUEL G
Address: 2751 EXECUTIVE PARK DRIVE, SUITE 204
City-St-Zip: WESTON, FL 33331

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: ARMANDO BLARDONIS PD 04/28/2004
Electronic Signature of Signing Officer or Director — Date