2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005
Secretary of State

DOCUMENT# P98000057490

Entity Name: FLORIDA DENTAL CONSULTING, P.A.

Current Principal Place of Business:

3055 HARBOR DRIVE
1101
FORT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

3055 HARBOR DRIVE
1101
FORT LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: 65-0862193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOLL, STEVEN M
1117 PONCE DE LEON DR
FORT LAUDERDALE, FL 333161360 US

Name and Address of New Registered Agent:

STOLL, STEVEN M
3696 N. FEDERAL
SUITE 300
FORT LAUDERDALE, FL 33308 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: 01/26/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: GLASSMAN, DAVID M D.D.S.
Address: 3055 HARBOR DRIVE SUITE 1101
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: GLASSMAN, DAVID M D.D.S.
Address: 3055 HARBOR DRIVE SUITE 1101
City-St-Zip: FORT LAUDERDALE, FL 33316 US

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: DAVID M GLASSMAN DR 01/26/2005
Electronic Signature of Signing Officer or Director — Date