2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# P99000029287

Entity Name: JAMES S. WILKERSON, D.M.D., P.A.

Current Principal Place of Business:

12 SOUTHWEST TWELFTH STREET
OCALA, FL 34474

New Principal Place of Business:

12 SOUTHWEST TWELFTH STREET
OCALA, FL 34471

Current Mailing Address:

12 SOUTHWEST TWELFTH STREET
OCALA, FL 34474

New Mailing Address:

12 SOUTHWEST TWELFTH STREET
OCALA, FL 34471

FEI Number: 59-3557536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAPPAS, PETER C
225 EAST ROBINSON STREET
SUITE 540
ORLANDO, FL US

Name and Address of New Registered Agent:

PAPPAS, PETER C
225 EAST ROBINSON STREET
SUITE 540
ORLANDO, FL 32803 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: 03/18/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILKERSON, JAMES S
Address: 12 SOUTHWEST TWELFTH STREET
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WILKERSON, JAMES S
Address: 12 SOUTHWEST TWELFTH STREET
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify 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: JAMES S. WILKERSON D 03/18/2009
Electronic Signature of Signing Officer or Director — Date