2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2011
Secretary of State

DOCUMENT# P99000062567

Entity Name: NAPLES DENTAL ART CENTER INC.

Current Principal Place of Business:

4325 N TAMIAMI TRAIL
NAPLES, FL 34103

New Principal Place of Business:

1575 PINE RIDGE RD
SUITE18
NAPLES, FL 34109

Current Mailing Address:

4325 N TAMIAMI TRAIL
NAPLES, FL 34103

New Mailing Address:

1575 PINE RIDGE RD
SUITE18
NAPLES, FL 34109

FEI Number: 52-2185161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EETESSAM, ALI M
4325 NORTH TAMIAMI TRAIL
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

EETESSAM, ALI M
1575 PINE RIDGE RD
SUITE 18
NAPLES, FL 34109 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: _____ 02/21/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DR.
Name: EETESSAM, ALI SHA
Address: 4336 KENSINGTON HIGH ST
City-St-Zip: NAPLES, FL 34105

I hereby 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 all other like empowered.

SIGNATURE: DR ALI ETESSAM OWNE 02/21/2011
Electronic Signature of Signing Officer or Director — Date