2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S15923

FILED Mar 20, 2009 Secretary of State

Entity Name: STEVEN C. RHODES, D.M.D. AND LINDA K. BRANHAM, D.M.D., P.A.

Current Principal Place of Business: New Principal Place of Business:

225 W STATE ROAD 434 2515 S. ATLANTIC AVENUE

STE 101 UNIT 604

LONGWOOD, FL 32750 US DAYTONA BEACH SHORES, FL 32118 US

Current Mailing Address: New Mailing Address:

225 W STATE ROAD 434 2515 S. ATLANTIC AVENUE

STE 101 UNIT 604

LONGWOOD, FL 32750 US DAYTONA BEACH SHORES, FL 32118 US

FEI Number: 59-3042940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WADE, JAMES H JR. 7 WEST MAIN STREET SUITE 1000 APOPKA, FL 32703 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.

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SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition RHODES, STEVEN, C.,, DMD RHODES, STEVEN, C.,, DMD Name: Name: 225 W STATE ROAD 434 STE 101 2515 S. ATLANTIC AVENUE, UNIT 604 Address: Address: City-St-Zip: LONGWOOD, FL 327504980 City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: VT () Delete Title: VT (X) Change () Addition Name: BRANHAM, LINDA, K.,D, MD Name: BRANHAM, LINDA, K.,D, MD

Address: 225 W STATE ROAD 434 STE 101 Address: 2515 S. ATLANTIC AVENUE, UNIT 604 City-St-Zip: DAYTONA BEACH SHORES, FL 32118

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: STEVEN C. RHODES PRES 03/20/2009