2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# V38689

Entity Name: ISLAND DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

1721 FLAGLER AVENUE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1721 FLAGLER AVENUE
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0334095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EATON, M. H. 11 DDS.
1721 FLAGLER AVE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

EATON, M. H. II. DDS.
1721 FLAGLER AVE
KEY WEST, FL 33040 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: MELVIN H. EATON II. 04/16/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EATON, MELVIN H., II,
Address: 1721 FLAGLER AVENUE
City-St-Zip: KEY WEST, FL

Title: D ( ) Delete
Name: MAYFIELD, BILLY JOE,
Address: 1721 FLAGLER AVENUE
City-St-Zip: KEY WEST, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DDS (X) Change ( ) Addition
Name: EATON, MELVIN H., II,
Address: 1721 FLAGLER AVENUE
City-St-Zip: KEY WEST, FL

Title: DDS (X) Change ( ) Addition
Name: MAYFIELD, BILLY JOE,
Address: 1721 FLAGLER AVENUE
City-St-Zip: KEY WEST, FL

I hereby certify that the information supplied with this filing does not qualify for the 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: BILLY J. MAYFIELD DDS 04/16/2007
Electronic Signature of Signing Officer or Director Date