

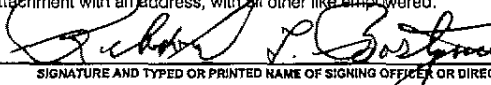


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 603336</b> 1. Entity Name RICHARD L. BOSTYAN, D.D.S., P.A.			
Principal Place of Business 4554 CLYDE MORRIS BLVD. PORT ORANGE, FL 32119 US		Mailing Address 4554 CLYDE MORRIS BLVD. PORT ORANGE, FL 32119 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01112007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1371811	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  ORFINGER, MICHAEL S 444 SEABREEZE BLVD DAYTONA BEACH, FL 32118		<b>DO NOT WRITE IN THIS SPACE</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  1100000613958 02/06/07-80006-014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOSTYAN, RICHARD L. 4554 CLYDE MORRIS BLVD PORT ORANGE, FL 321197455		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-29-07 (386)760-5017 <small>Date Daytime Phone #</small>	