

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 697530

FILED  
Jan 20, 2008  
Secretary of State

Entity Name: JOHN A. LINDSAY, D.D.S., P.A.

**Current Principal Place of Business:**

2600 N. MILITARY TRAIL,  
SUITE 310  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2600 N. MILITARY TRAIL,  
SUITE 310  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 59-2117957      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SHAMEL, C. RICHARD, JR.  
212 NORTH FEDERAL HIGHWAY  
DEERFIELD BEACH, FL 33441      US

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

SHAMEL, C. RICHARD, JR.  
1701 W. HILLSBORO BLVD  
SUITE 207  
DEERFIELD BEACH, FL 33442 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: \_\_\_\_\_ 01/20/2008  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: LINDSAY, JOHN A D.D.S.  
Address: 200 W. ALEXANDER PALM ROAD  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Delete  
Name: LINDSAY, JOHN A D.D.S.  
Address: 200 W. ALEXANDER PALM ROAD  
City-St-Zip: BOCA RATON, FL 33432

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN A. LINDSAY D.D. S.      P      01/20/2008  
Electronic Signature of Signing Officer or Director      Date