


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000146228**


1. Entity Name  
**RICHARD M ARNOLD, DDS, PA**



Principal Place of Business      Mailing Address

**657 DESOTO DRIVE**      **657 DESOTO DRIVE**  
**MIAMI SPRINGS, FL 33166 US**      **MIAMI SPRINGS, FL 33166 US**

**DO NOT WRITE IN THIS SPACE**



02032008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-1502680</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**ARNOLD, RICHARD M**  
**657 DESOTO DRIVE**  
**MIAMI SPRINGS, FL 33166**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P.
NAME	ARNOLD, RICHARD M
STREET ADDRESS	657 DESOTO DRIVE
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	VP,S
NAME	ARNOLD, BEVERLY
STREET ADDRESS	657 DESOTO DRIVE
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000840093  
 03/06/08-80031-017 150.00

**DO NOT WRITE IN THIS SPACE**

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:**  **Richard M. Arnold DDS**    **02/26/08**    **305 887-3061**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #