2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000010773

1. Entity Name
D R PALM BEACH, INC.

Principal Place of Business	Mailing Address
1800 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401	1800 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

03292006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0467441

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, MICHAEL
1800 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DELLA RATTA, JOSEPH M
STREET ADDRESS	18385 S.E. VILLAGE CIRCLE
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	S
NAME	DELLA RATTA, J. RAPHAEL
STREET ADDRESS	3690 RT 97
CITY-ST-ZIP	GLENWOOD, MD 21738
TITLE	T
NAME	REDMOND, JENNIFER
STREET ADDRESS	4271 N 36TH STREET
CITY-ST-ZIP	ARLINGTON, VA 22207
TITLE	VS
NAME	WOOD, MICHAEL
STREET ADDRESS	1800 PALM BEACH LAKES BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	S
NAME	GRIMM, ELIZABETH
STREET ADDRESS	3690 RT 97
CITY-ST-ZIP	GLENWOOD, MD 21738
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000488357
04/17/06-00003-019 150.00

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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: _____ 3/29/06 561-683-8810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #