## FILED

ANNUAL REPORT			Apr 26, 2007 08:00			
DOCUMENT # S56116					Secretai	ry of Stat
1. Entity Name DAVID J. WEINER, D.M.D., P.A.						
Principal Place of Business 100 SOUTH BISCAYNE BLVD., SUITE # 111 MIAMI, FL 33131	Mailing Address 100 SOUTH BISCAYNE BLVD., SUITE # 111 MIAMI, FL 33131					EU 010110111111111111
DO NOT WRITE	IN THIS SPACE	CE	04192007 4. FEI Numbe 65-028	No Chg-P	CR2E034 (11	(a) Bighesi ii iee
6, Name and Address of Current F	Registered Agent		<u> </u>		10011	
WEINER, DAVID J 100 SOUTH BISCAYNE BLVD #111 MIAMI, FL 33131			IN 7	NOT W	PACE	
8. The above named entity submits this statement for the obligations of registered agent.  2.2.1.7.105.	the purpose of changing its register	ed office or registr $\mathcal{J}$ , $$	_	th, in the State of Fi	orida. I am familiai	with, and accept
Signature. typed or printed name of registered agent a	no tille il applicable. (NOTE: Registere	d Agent signature requir			. DATE	_
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.0	9. Election Campaign Final Trust Fund Contribution.		5.00 May Be	05/09/07	<del>0733802</del> -80101- <b>0</b> 05	150.00
10. OFFICERS AND	DIRECTORS	I			· · · · · · · ·	
IIILE DR NAME WEINER, DAVID J DMD STREET ADDRESS 100 SOUTH BISCAYNE BLVD # CITY-ST-ZIP MIAMI, FL 33131	1111 ·					
TITLE TS  NAME WEINER, DAVID J. DMD, P.A.  STREET ADDRESS 100 SOUTH BISCAYNE BLVD #1  CITY-ST-ZIP MIAMI, FL 33131		w			· · ·	.: -
TITLE NAME STREET ADDRESS CITY-ST-21P			DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SI	PACE	
TITLE						

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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE \

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR