

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 583897

FILED  
Jan 03, 2007  
Secretary of State

Entity Name: RICHARD L. RUSH, D.M.D., P.A.

**Current Principal Place of Business:**

437 NE 51ST ST  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

1835 NE MIAMI GARDENS DR.  
#169  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

FEI Number: 59-1838893      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RUSH, RICHARD L DMD  
437 NE 51ST ST  
MIAMI, FL 33137      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: RUSH, RICHARD L., D., M.D.  
Address: 437 NE 51ST ST  
City-St-Zip: MIAMI, FL 33137 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD L. RUSH, DMD

PRES

01/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date