


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 598686
 1. Entity Name
 JOSEPH E. MALONEY, D.M.D., P.A.



Principal Place of Business Mailing Address
 301 EBBTIDE DRIVE 301 EBBTIDE DRIVE
 SUITE C SUITE C
 N. PALM BEACH, FL 33408 N. PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-1869698 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MALONEY, JOSEPH E.
 301 EBBTIDE DRIVE
 N. PALM BEACH MH, FL 33408

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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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

11111111320420
 04/21/05-80035-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALONEY, JOSEPH E 301 EBBTIDE DRIVE N. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MALONEY, YVONNE, B 301 EBBTIDE DR N PALM BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joseph E. Maloney Pres.* Date: *4-19-05* Daytime Phone #: *81-844-0715*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR