



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90085 017 ***150.00

DOCUMENT # 598686 1. Entity Name JOSEPH E. MALONEY, D.M.D., P.A.					
Principal Place of Business 301 EBBTIDE DRIVE SUITE C N. PALM BEACH, FL 33408			Mailing Address 301 EBBTIDE DRIVE SUITE C N. PALM BEACH, FL 33408		
2. Principal Place of Business - No P.O. Box # 732 OSPREY WAY WEST		3. Mailing Address 732 OSPREY WAY WEST			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03042007 Chg-P CR2E034 (12/06)	
City & State NORTH PALM BCH, FL		City & State NORTH PALM BCH, FL		4. FEI Number 59-1869698	
Zip 33408		Country 		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 732 OSPREY WAY WEST City NORTH PALM BCH FL Zip Code 33408		
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: <u><i>Joseph E. Maloney</i></u> <u>Joseph E. Maloney - Address Change</u> <u>3-17-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALONEY, JOSEPH E 301 EBBTIDE DRIVE N. PALM BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	732 OSPREY WAY WEST NORTH PALM BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MALONEY, YVONNE, B 301 EBBTIDE DR N. PALM BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	732 OSPREY WAY WEST NORTH PALM BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Joseph E. Maloney</i></u> <u>President</u> <u>3-17-07</u> <u>562-628480</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					