


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 603242
 1. Entity Name
ROBERT B. CUSHING D.D.S., P.A.



Principal Place of Business 900 WEST 49TH STREET SUITE 400 HIALEAH, FL 33012	Mailing Address 900 WEST 49TH STREET SUITE 400 HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



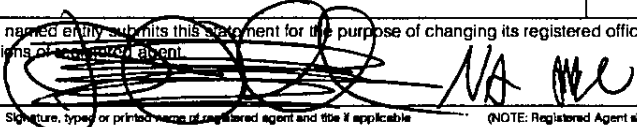
07032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1367872	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CUSHING, ROBERT B
 900 WEST 49TH STREET
 SUITE 400
 HIALEAH, FL 33013**

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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 a registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 14, 2007**

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


In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUSHING, ROBERT B 900 WEST 49TH ST. #400 HIALEAH, FL
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 09/05/07-80003-014 150.00

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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 info empowered.

SIGNATURE:  **Robert B Cushing** 8/29/07 305-558-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Me Phone #