2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 603572

1. Entity Name
FRANKLIN M. BOYAR, D.M.D., P.A.

Principal Place of Business	Mailing Address
715 NE 3 AVE	715 NE 3 AVENUE
DELRAY BEACH, FL 33444	DELRAY BEACH, FL 33444

50001081

DO NOT WRITE IN THIS SPACE

01162007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-1405078		Not Applicable

5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOYAR, FRANKLIN M.
715 NE 3 AVE
DELRAY BEACH, FL 33444

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOYAR, FRANK
STREET ADDRESS	715 NE 3 AVE
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	Sec./Treas.
NAME	BOYAR, LYNNE
STREET ADDRESS	1015 SEASAGE DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _Franklin M. Boyar DMD_   1-16-07   (561)276-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #