

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603572

FILED  
Jun 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

715 NE 3 AVE  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

715 NE 3 AVENUE  
DELRAY BEACH, FL 33444

**New Mailing Address:**

715 NE 3 AVE  
DELRAY BEACH, FL 33444

FEI Number: 59-1405078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOYAR, FRANK  
Address: 715 NE 3 AVE  
City-St-Zip: DELRAY BEACH, FL

Title: ST ( ) Delete  
Name: BOYAR, LYNNE  
Address: 1015 SEASAGE DRIVE  
City-St-Zip: DELRAY BEACH, FL

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: FRANKLIN M. BOYAR, D.M.D.

PRES

06/16/2009

Electronic Signature of Signing Officer or Director

Date