

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 628185

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: WILLIAM H. MYONES, D.M.D., P.A.

## Current Principal Place of Business:

C/O WILLIAM H. MYONES  
ONE SW 129TH AVE STE 301  
PEMBROKE PINES, FL 33027 US

## New Principal Place of Business:

## Current Mailing Address:

C/O WILLIAM H. MYONES DMD PA  
ONE SW 129TH AVE STE 301  
PEMBROKE PINES, FL 33027 US

## New Mailing Address:

FEI Number: 59-1921775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MYONES, WILLIAM H  
ONE SW 129TH AVE. #301  
PEMBROKE PINES, FL 33027 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MYONES, WILLIAM H.,  
Address: 3451 N. 31ST AVE.  
City-St-Zip: HOLLYWOOD, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM H. MYONES

PRES

04/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date