2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # 694670

1. Entity Name
DONALD T. LAMBERT, D.D.S., P.A.

Principal Place of Business	Mailing Address
% DONALD T LAMBERT 1920 E HALLANDALE BLVD STE 800 HALLANDALE FL 33009	% DONALD T LAMBERT 1920 E HALLANDALE BLVD STE 800 HALLANDALE FL 33009

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
SAME AS ABOVE	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2101938 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAMBERT, DONALD T
1920 E HALLANDALE BLVD STE 800
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 N/A
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D LAMBERT, DONALD T 1920 E HALLANDALE BLVD STE 800 HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	U00000603858 01/29/07-80031-003 150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DP LAMBERT, DONALD T 1920 E HALLANDALE BLVD STE 800 HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Donald T Lambert DDS DONALD T LAMBERT, DDS 1/22/07 954-455-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #