


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F03953 1. Entity Name RICHARD M. DUNN, D.D.S., P.A.		
Principal Place of Business 2639 WEST HIGHWAY 434 LONGWOOD, FL 32779	Mailing Address 2639 WEST HIGHWAY 434 LONGWOOD, FL 32779	
DO NOT WRITE IN THIS SPACE		



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2036601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DUNN, RICHARD M 2639 WEST HIGHWAY 434 LONGWOOD, FL 32779	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNN, RICHARD M 550 RINEHART RD. LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RANDALL 902 W 25TH ST SANFORD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAVASTANO, NICHOLAS J 550 RINEHART RD LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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UD00000471079
03/28/06-80039-024 150.00

**DO NOT WRITE
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06 407 8050350
Date Daytime Phone #