

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F49300

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: L. WAYNE ROBBEN, D.D.S., P.A.

## Current Principal Place of Business:

%L WAYNE ROBBEN DDS  
3000 N ATLANTIC AVE  
COCOA BCH, FL 32931

## New Principal Place of Business:

## Current Mailing Address:

%L WAYNE ROBBEN DDS  
3000 N ATLANTIC AVE  
COCOA BCH, FL 32931

## New Mailing Address:

FEI Number: 59-2109352

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBBEN, L WAYNE, D.D.S.  
3000 NORTH ATLANTIC AVENUE  
COCOA BEACH, FL 32931 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: DP ( ) Delete  
Name: ROBBEN, L WAYNE DDS,  
Address: 18 FAIRWAY DRIVE  
City-St-Zip: COCOA BCH, FL 00000,

## 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: L. WAYNE ROBBEN, DDS

PRES

01/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date