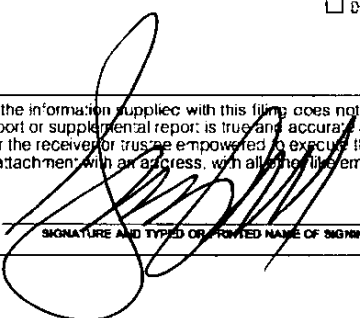


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90007 008 ***150.00

DOCUMENT # F96113 1. Entity Name JACK W. BEHN, D.D.S., P.A.																																																														
Principal Place of Business % JACK W. BEHN 8200 W. SUNRISE BLVD PLANTATION, FL 33322			Mailing Address % JACK W. BEHN 8200 W. SUNRISE BLVD PLANTATION, FL 33322																																																											
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																												
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2211352 Applied For ☐ No: Applicable																																																										
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																														
6. Name and Address of Current Registered Agent BEHN, JACK W 8200 W. SUNRISE BLVD PLANTATION, FL 33322			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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____																																																														
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																												
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-STATE-ZIP</td> <td style="width:10%; text-align: right;">Delete ☐</td> </tr> <tr> <td></td> <td>PD</td> <td>BEHN, JACK W</td> <td>8200 W. SUNRISE BLVD</td> <td></td> </tr> <tr> <td></td> <td></td> <td>PLANTATION, FL</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Delete ☐		PD	BEHN, JACK W	8200 W. SUNRISE BLVD				PLANTATION, FL			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-STATE-ZIP</td> <td style="width:10%; text-align: right;">Delete ☐</td> <td style="width:10%; text-align: right;">Charge ☐ Addition ☐</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Delete ☐	Charge ☐ Addition ☐																																				
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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:  Jack W. Behn 4/16/07 (954) 318 1966 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																														