## 2007 FOR PROFIT CORPORATION ----ANNUAL REPORT

FILED Apr 10, 2007 08:00 Al Secretary of State DOCUMENT # G36529 RUSSELL B. STOCH, D.M.D., P.A. Principal Place of Business Mailing Address 840 US HIGHWAY 1 840 US HIGHWAY 1 STE 200 STE 200 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 04052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2280173 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STOCH, RUSSELL B., D.M.D. DO NOT WRITE 840 US HIGHWAY 1 IN THIS SPACE **STE 200** NORTH PALM BEACH, FL 33408 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PST** TITLE STOCH, RUSSELL B., D.M.D. NAME 840 US HIGHWAY 1, STE 200 STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 U00000697872 TITLE 04/18/07-80058-014 150.00 NAME STOCH, RUSSELL B., D.M.D. 840 US HIGHWAY 1, STE 200 STREET ADDRESS NORTH PALM BEACH, FL 33408 CITY-ST-ZIP TITLE NAME STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 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 any address, with a contained to the corporation of the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RUSSELL & STOCH ON DEL

4/6/2007 (561)627-404