

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H55552

FILED
Jul 03, 2007
Secretary of State

Entity Name: L.G. JAMES, D.M.D., PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

4100 S HOSPITAL DR
STE 208, THE MEDICAL III BLDG
PLANTATION, FL 33317

New Principal Place of Business:

4100 S HOSPITAL DRIVE
STE 208, THE MEDICAL III BLDG
PLANTATION, FL 33317

Current Mailing Address:

4100 S HOSPITAL DR
STE 208, THE MEDICAL III BLDG
PLANTATION, FL 33317

New Mailing Address:

4100 S HOSPITAL DRIVE
STE 208, THE MEDICAL III BLDG
PLANTATION, FL 33317

FEI Number: 59-2549495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, H. T.
1017 NW 9TH CT
MIAMI, FL 33136 US

Name and Address of New Registered Agent:

JAMES, L. G
4100 S. HOSPITAL DRIVE
STE 208, THE MEDICAL 111 BLDG
PLANTATION, FL 33317 US

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: L.G. JAMES

07/03/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVS () Delete
Name: JAMES, L. G., D.M.D.,
Address: 4100 S HOSPITAL DR, #208
City-St-Zip: PLANTATION, FL

Title: TD () Delete
Name: JAMES, L. G., D.M.D.,
Address: 4100 S HOSPITAL DR, #208
City-St-Zip: PLANTATION, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVS (X) Change () Addition
Name: JAMES, L. G., D.M.D.,
Address: 4100 S HOSPITAL DR, #208
City-St-Zip: PLANTATION, FL 33317

Title: TD (X) Change () Addition
Name: JAMES, L. G., D.M.D.,
Address: 4100 S HOSPITAL DR, #208
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify 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.G. JAMES, D.M.D.

TD

07/03/2007

Electronic Signature of Signing Officer or Director

Date