
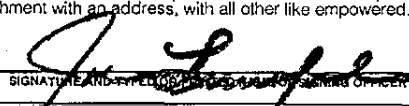


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

| | | | |
|---|---|--|--------------------------------|
| DOCUMENT # J49640 1. Entity Name JOSEPH L. LUNSFORD, D.D.S., M.S., P.A. | |  | |
| Principal Place of Business 6736 FOREST HILL BLVD WEST PLAM BEACH, FL 33413 US | | Mailing Address C/O FMC 7301A W PALMETTO PK RD STE 104C BOCA RATON, FL 33433 US | |
| DO NOT WRITE IN THIS SPACE | | | |
| | |  | |
| | | 01142005 No Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number 59-2714865 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LUNSFORD, JOSEPH, D.D.S., M.S. C/O FMC 7301A W PALMETTO PK RD #104C BOCA RATON, FL 33433 | | DO NOT WRITE IN THIS SPACE | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | DP LUNSFORD, JOSEPH L C/O FMC 7301 A W PALMENTTO PK RD 104C BOCA RATON, FL | DO NOT WRITE IN THIS SPACE | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | JOSEPH L. LUNSFORD 04/07/2005 (561) 391-5126 | |
| <small>SIGNATURE AND TYPED NAME OF REGISTERED AGENT OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> |