


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 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
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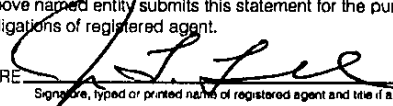
04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
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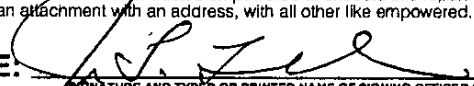
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U000000730316 05/08/07-80076-019 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUNSFORD, JOSEPH L C/O FMC 7301 A W PALMENTTO PK RD 104C BOCA RATON, FL	
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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:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR