2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# J49640

Entity Name: JOSEPH L. LUNSFORD, D.D.S., M.S., P.A.

Current Principal Place of Business:

6736 FOREST HILL BLVD
WEST PLAM BEACH, FL 33413 US

New Principal Place of Business:

Current Mailing Address:

C/O FMC 7301A W PALMETTO PK RD
STE 104C
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: 59-2714865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LUNSFORD, JOSEPH L
Address: C/O FMC 7301 A W PALMENTTO PK RD 104C
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOSEPH L. LUNSFORD, DDS PRES 04/09/2009

Electronic Signature of Signing Officer or Director Date