


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L93897 1. Entity Name ROYAL PALM DENTAL ASSOCIATES, P.A.	
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Principal Place of Business 11358 OKEECHOBEE BLVD SUITE 1 ROYAL PALM BEACH, FL 33411 US	Mailing Address 11358 OKEECHOBEE BLVD SUITE 1 ROYAL PALM BEACH, FL 33411 US
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01252008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0214386	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GOLDBERG, DAVID 11358 OKEECHOBEE BLVD. STE. 1 ROYAL PALM BEACH, FL 33411
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GOLDBERG, DAVID 11670 N BLACKWOODS LANE WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MORAGUEZ, IVO 565 NO. COUNTY CLUB DRIVE ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/27/08-80020-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-08

Date

561-790-0177

Daytime Phone #