


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 06, 2007 8:00 am**  
**Secretary of State**

08-06-2007 90032 009 \*\*\*150.00

<b>DOCUMENT # P02000002956</b>		
1. Entity Name <b>RICHARD S. MORROW, DMD, P.A.</b>		

Principal Place of Business <b>8190 ROYAL PALM BLVD. STE. 200 CORAL SPRINGS FL 33065</b>	Mailing Address <b>8190 ROYAL PALM BLVD. STE. 200 CORAL SPRINGS FL 33065</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E034 (4/07)

4. FEI Number <b>26-0042734</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
7. Name and Address of New Registered Agent		
Name <b>Richard S. Morrow</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>8190 Royal Palm Blvd.</b>		
Ste. <b>200</b>		
City <b>Coral Springs,</b>	FL	Zip Code <b>33065</b>

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 *Richard S. Morrow* (NOTE: Registered Agent signature required when reinstating) DATE 8-1-07

<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 5, 2007</b> <b>Make Check Payable to Florida Department of State</b>	S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS MORROW, RICHARD S DMD 8190 ROYSL PALM BLVD. STE. 200 CORAL SPRINGS FL 33065</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard S. Morrow* DATE 8-1-07 DAYTIME PHONE # 954-345-4748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# ATTACHMENT

40128292  
# P02006002956

Never received  
prior notice!!  
Thank you for your  
cooperation.

Ridwan S. Haryanto