

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130316

Entity Name: FRANK J. MAYE, DMD, PA

FILED  
Feb 16, 2007  
Secretary of State

## Current Principal Place of Business:

7301A W. PALMETTO PARK ROAD  
201C  
BOCA RATON, FL 33433

## New Principal Place of Business:

19615 SR 7  
UNIT 33  
BOCA RATON, FL 33498

## Current Mailing Address:

7301A W. PALMETTO PARK ROAD  
201C  
BOCA RATON, FL 33433

## New Mailing Address:

19615 SR 7  
UNIT 33  
BOCA RATON, FL 33498

FEI Number: 75-3136614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAYE, FRANK J DMD  
7301A W. PALMETTO PARK ROAD  
BOCA RATON, FL 33433 US

## Name and Address of New Registered Agent:

MAYE, FRANK J DMD  
19615 SR 7  
UNIT 33  
BOCA RATON, FL 33498 US

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:

02/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: MAYE, FRANK J DMD  
Address: 7301A W. PALMETTO PARK ROAD  
City-St-Zip: BOCA RATON, FL 33433

Title: VP ( ) Delete  
Name: MAYE, FRANK J DMD  
Address: 7301A W. PALMETTO PARK ROAD  
City-St-Zip: BOCA RATON, FL 33433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: MAYE, FRANK J DMD  
Address: 19615 SR 7 UNIT 33  
City-St-Zip: BOCA RATON, FL 33498

Title: VP (X) Change ( ) Addition  
Name: MAYE, FRANK J DMD  
Address: 19615 SR 7 UNIT 33  
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK J MAYE DMD

DPS

02/16/2007

Electronic Signature of Signing Officer or Director

Date