

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140896

FILED
Mar 24, 2007
Secretary of State

Entity Name: DONALD R. PICARD, D.D.S., M.S., P.A.

Current Principal Place of Business:

10887 NORTH MILITARY TRAIL
SUITE 1
PALM BEACH GARDENS, FL 334106528

New Principal Place of Business:

Current Mailing Address:

10887 NORTH MILITARY TRAIL
SUITE 1
PALM BEACH GARDENS, FL 334106528

New Mailing Address:

FEI Number: 03-0532329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICARD, DONALD R DDS
10887 NORTH MILITARY TRAIL
SUITE 1
PALM BEACH GARDENS, FL 334106528 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: D () Delete
Name: PICARD, DONALD R DDS
Address: 10887 NORTH MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 334106528

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PICARD, DONALD R DDS
Address: 10887 NORTH MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 334106528

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: DONALD R PICARD

PRES

03/24/2007

Electronic Signature of Signing Officer or Director

Date