

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90142 002 \*\*\*150.00

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03152007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P05000134973</b> 1. Entity Name MELVYN E. NATHANSON, D.D.S., P.A.			
Principal Place of Business 3373 WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442		Mailing Address 3373 WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442	
2. Principal Place of Business - No P.O. Box # 7301 A West Palmetto Park Rd Suite, Apt. #, etc. 201C City & State Boca Raton, Florida Zip 33433 Country USA		3. Mailing Address 7301 A West Palmetto Park Road Suite, Apt. #, etc. 201C City & State Boca Raton, Florida Zip 33433 Country USA	
4. FEI Number 20-3575194		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent NATHANSON, MELVYN E D.D.S. 3373 WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7301 A West Palmetto Park Rd City Boca Raton FL Zip Code 33433		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: <i>Melvyn E. Nathanson</i> DATE: 3/19/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATHANSON, MELVYN E DDS 11484 OHANU CIRCLE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	7301 A Palmetto Park Road 201C Boca Raton, Florida 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>Melvyn E. Nathanson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3/19/07 Daytime Phone #: 5618690012	