2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2007
Secretary of State

DOCUMENT# P06000073763

Entity Name: A.I.M. DENTISTRY, P.A.

Current Principal Place of Business:

20355 NE 34 COURT #2029
AVENTURA, FL 33180

New Principal Place of Business:

22041 STATE ROAD 7
BOCA RATON, FL 33428

Current Mailing Address:

20355 NE 34 COURT #2029
AVENTURA, FL 33180

New Mailing Address:

22041 STATE ROAD 7
BOCA RATON, FL 33428

FEI Number: 20-4953892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEGRE, BRANDON
12355 N.W. 10TH DRIVE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

ROBINS, KIM
20355 NE 34TH COURT
2029
AVENTURA, FL 33180 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: KIM ROBINS 03/10/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition
Name: ROBINS, MARTIN A DDS
Address: 22041 STATE ROAD 7
City-St-Zip: BOCA RATON, FL 33428

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: MARTIN A. ROBINS DDS P 03/10/2007
Electronic Signature of Signing Officer or Director Date