



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90017 015 ***150.00

DOCUMENT # P06000087484 1. Entity Name JUSTIN SCHWARTZ, D.M.D., M.S., P.A.					
Principal Place of Business 700 S FEDERAL HWY - STE 200 BOCA RATON, FL 33432			Mailing Address 700 S FEDERAL HWY - STE 200 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box # 14155 U.S. Highway One Suite, Apt. #, etc. Suite 302		3. Mailing Address 14155 U.S. Highway One Suite, Apt. #, etc. Suite 302		<div style="font-size: 1.2em; font-weight: bold; margin-bottom: 5px;">40044186</div> 	
City & State Juno Beach, Florida Zip 33408		City & State Juno Beach, Florida Zip 33408		4. FEI Number 20-5334672	
Country Palm Beach		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ST JOHN, GREGORY 700 S FEDERAL HWY - STE 200 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Justin Schwartz 14155 U.S. Highway One, Suite 302 Juno Beach, FL 33408	
<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u>Justin Schwartz</u> JUSTIN SCHWARTZ					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small> 1-24-07 <small>Daytime Phone #</small> 561-744-492	