

**2007-FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90013 006 \*\*\*150.00

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # P06000154555</b>  |   |   |   |  |  |
| <b>1. Entity Name</b><br>RAYMOND DELLA PORTA II DMD PA  |   |   |   |  |  |
| <b>Principal Place of Business</b><br>1300 36TH STREET<br>SUITE F<br>VERO BEACH, FL 32960   |   |   | <b>Mailing Address</b><br>1300 36TH STREET<br>SUITE F<br>VERO BEACH, FL 32960   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>   |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |  |  |
| City & State  |   | City & State  |   |  |  |
| Zip   | Country   | Zip   | Country   | <b>4. FEI Number</b> <u>20-805788A</u>                               |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |   | <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>DELLA PORTA, RAYMOND A II<br>1300 36TH STREET<br>SUITE F<br>VERO BEACH, FL 32960  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |  |
| <b>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.</b>  |   |   |   |  |  |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>  |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>DATE</b> _____  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>  | P <input type="checkbox"/> Delete<br>DELLA PORTA, RAYMOND A II<br>1300 36TH STREET, SUITE F<br>VERO BEACH, FL 32960 |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>  | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |
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| <b>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 807, 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.</b> |   |   |   |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | Date <u>2/20/07</u> Daytime Phone # _____   |  |  |