


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000047707**

1. Entity Name  
REBECCA A. FAUNCE, D.M.D., P.A.



Principal Place of Business 1 FLORIDA PARK DRIVE SOUTH SUITE 201 PALM COAST, FL 32137	Mailing Address 1 FLORIDA PARK DRIVE SOUTH SUITE 201 PALM COAST, FL 32137
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01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

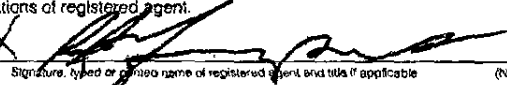
4. FEI Number 59-3328565	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAUNCE, REBECCA A. D.M.D.  
1 FLORIDA PARK DRIVE, SOUTH  
SUITE 201  
PALM COAST, FL 32137

**DO NOT WRITE  
IN THIS SPACE**

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:  DATE: 1-25-06

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

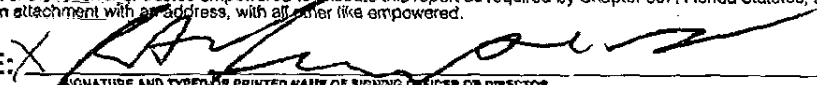
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FAUNCE, REBECCA A 1 FLORIDA PARK DRIVE SOUTH, SUITE 201 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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UN0000405854  
02/07/06-80056-013 150.00

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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:  DATE: (386)446-9312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Rebecca A. Faunce, D.M.D.

Date Daytime Phone #