
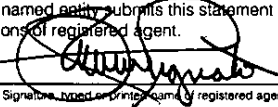
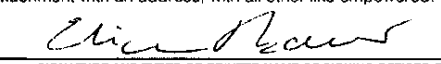


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90035 002 ***150.00

DOCUMENT # P96000028738 1. Entity Name SOUTH PALM BEACH COUNTY DENTAL ASSOCIATION, INC.																																							
Principal Place of Business 801 SE 6TH AVE SUITE 206 DELRAY BEACH, FL 33483-5185 US		Mailing Address 777 EAST ATLANTIC AVENUE PMB 430 SUITE C2 DELRAY BEACH, FL 33483-5352 US																																					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 777 E. Atlantic Ave. Suite C-2, PMB 340																																					
City & State Zip Country		City & State Delray Beach, FL 33483 Zip Country																																					
4. FEI Number 65-0537522		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 ROSENTHAL, JEFFREY H 7000 W. PALMETTO PARK RD., STE. 203 BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name James Pignato Street Address (P.O. Box Number is Not Acceptable) 101 S.E. Sixth Ave. Suite A City Delray Beach FL Zip Code 33483																																					
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  (NOTE: Registered Agent signature required when reinstating) 1/24/07 DATE																																							
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D BEGNOCHE, KENNETH DR 777 E ATLANTIC AVE SUITE C2 DELRAY BEACH, FL 33483</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>D ECKELSON, ROBERT 801 SE 6TH AVE, STE 206 DELRAY BEACH, FL 33483</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>D KNECHT, BRUCE DR 801 SE 6TH AVE, STE 206 DELRAY BEACH, FL 33483</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>D PANSICK, ETHAN DR 801 SE 6TH AVE, STE 206 DELRAY BEACH, FL 33483</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>D KATZ, BARRY 801 SE 6TH AVE, STE 206 DELRAY BEACH, FL 33483</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		TITLE	D BEGNOCHE, KENNETH DR 777 E ATLANTIC AVE SUITE C2 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE	D ECKELSON, ROBERT 801 SE 6TH AVE, STE 206 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE	D KNECHT, BRUCE DR 801 SE 6TH AVE, STE 206 DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete	TITLE	D PANSICK, ETHAN DR 801 SE 6TH AVE, STE 206 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE	D KATZ, BARRY 801 SE 6TH AVE, STE 206 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>D Alexander, Jamie Dr. 5455 No. Federal Highway, Ste D Boca Raton, FL 33483</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	D Alexander, Jamie Dr. 5455 No. Federal Highway, Ste D Boca Raton, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<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:  Ethan Pansick 1/19/07 561-496-6855 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																							