## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000030561

1. Entity Name RAPHAEL LEWIS, D.D.S., P.A.



Principal Place of Business

1 REGINA BOULEVARD BEVERLY HILLS, FL 34465 Mailing Address

1 REGINA BOULEVARD BEVERLY HILLS, FL 34465 '

## FILED Apr 24, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE 04192

04192007 No Chg-P CR2E034 (11/05)

4. FEI Number | A

Applied For

59-3568343

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, RAPHAEL 1 REGINA BOULEVARD BEVERLY HILLS, FL 34465

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature typed or printed name of registered agent and trill of applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Trust Fund Contrib			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS			······	<u></u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, RAPHAEL 1 REGINA BLVD BEVERLY HILLS, FL 34465				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000728137 05/07/07-80005-007 150.00
NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
HITLE NAME STREET ADDRESS					

12. Thereby 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:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIFECTOR

RAPHAGE C. LEWIS

4/33/67 baytim/Phone #