## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000102676

1222 AVONDALE LANE

WEST PALM BEACH, FL 33409

Address:

City-St-Zip:

Entity Name: JUNO BEACH COMPREHENSIVE DENTISTRY P.A.

FILED Apr 17, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 13700 US HWY ONE, SUITE 201 JUNO BEACH, FL 33408 **Current Mailing Address: New Mailing Address:** 13700 US HWY ONE, SUITE 201 JUNO BEACH, FL 33408 FEI Number: 65-0965650 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HINMAN, MARK H DDS, PA 110 NORTH RIVER DRIVE EAST JUPITER, FL 33458 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition HINMAN, MARK H DDS, PA Name: Name: 110 N RIVER DR E Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: ( ) Delete Title: VSD Title: () Change () Addition Name: RILEY, GREGORY K DMD.RA Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK H HINMAN DDS,PA PTD 04/17/2005