2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2007
Secretary of State

DOCUMENT# P99000102676

Entity Name: JUNO BEACH COMPREHENSIVE DENTISTRY P.A.

Current Principal Place of Business:

13700 US HWY ONE, SUITE 201
JUNO BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

13700 US HWY ONE, SUITE 201
JUNO BEACH, FL 33408

New Mailing Address:

FEI Number: 65-0965650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINMAN, MARK H DDS,PA
110 NORTH RIVER DRIVE EAST
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

RILEY, GREG K DMD,PA
1222 AVONDALE LANE
WEST PALM BEACH, FL 33409 US

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: GREG K RILEY DMD,PA 04/14/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: RILEY, GRGE K DMD,PA
Address: 1222 AVONDALE AVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VSD ( ) Delete
Name: KEUNING, DUANE E DMD,PA
Address: 6021 FOSTER ST
City-St-Zip: JU[ITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
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 Chapter 119, 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: GREG K RILEY DMD,PA PTD 04/14/2007
Electronic Signature of Signing Officer or Director Date