

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102676

FILED
Aug 23, 2008
Secretary of State

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:

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

Name and Address of New Registered Agent:

RILEY, GREG K DMD,PA
2473 TECUMSEH DR
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:

08/23/2008

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: JUJITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: RILEY, GRGE K DMD,PA
Address: 2473 TECUMSEH DR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VSD (X) Change () Addition
Name: KEUNING, DUANE E DMD,PA
Address: 18742 RIO VISTA DR
City-St-Zip: TEQUESTA, FL 33469

I hereby certify that the information supplied with this filing does not qualify 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

PDT

08/23/2008

Electronic Signature of Signing Officer or Director

Date

P99000102676

Debra J Hinman
110 North River Dr East
Jupiter, FL 33458
561-744-3270

Florida Department of State
Secretary of State
Division of Corporations
PO Box 8700
Tallahassee, FL 32314

September 2, 2008

Dear Sirs,

I am writing to request a refund for the past due amount for the enclosed corporate renewals. I did not receive any renewal notices prior to these post cards received one month ago. I do realize now after calling you, that annual reports are due prior to May 1. If you check our previous payment history, we have always paid on time with your early notice. Why would I want to pay a late fee ?? I will look forward to a refund on the credit cards used for payment.

Thank you,



Debra J Hinman, office manager

Corp. Name: Juno Beach Comprehensive Dentistry, P.A.

Doc #: P99000102676

File Date: 08/23/08

As per telephone conversation with Debra J. Hinman on 9/22
make refund check to: Juno Beach Comprehensive Dentistry, P.A.
Send refund check to: 13700 US Hwy 1, Suite 201
Juno Beach, FL 33408