


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # S56116**  
 1. Entity Name  
**DAVID J. WEINER, D.M.D., P.A.**



Principal Place of Business  
 100 SOUTH BISCAYNE BLVD.,  
 SUITE # 111  
 MIAMI, FL 33131

Mailing Address  
 100 SOUTH BISCAYNE BLVD.,  
 SUITE # 111  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 65-0281829

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

WEINER, DAVID J  
 100 SOUTH BISCAYNE BLVD  
 #111  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

**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 DAVID J. WEINER DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

**9.** Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

DATE  
 05/09/07-80101-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR WEINER, DAVID J DMD 100 SOUTH BISCAYNE BLVD #111 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WEINER, DAVID J. DMD, P.A. 100 SOUTH BISCAYNE BLVD #111 MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**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 David J. Weiner PRES DATE 4/19/07 DAYTIME PHONE # 305/530-1869  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR