

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S68853

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: DIANE P. JONES, D.M.D., P.A.

**Current Principal Place of Business:**

4670 LIPSCOMB ST NE  
STE 13  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

4670 LIPSCOMB ST NE  
STE 13  
PALM BAY, FL 32905

**New Mailing Address:**

FEI Number: 59-3460564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOSTRO, VICTOR S  
1825 RIVERVIEW DRIVE  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: JONES, DIANE P D.M., D  
Address: 4670 LIPSCOMB STREET NE #13  
City-St-Zip: PALM BAY, FL 32905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: DIANE P JONES DMD

OWNE

04/27/2007

Electronic Signature of Signing Officer or Director

Date