2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000143099

DAVID C. JUROCKO, D.M.D., P.A.



Principal Place of Business

13301 N DALE MABRY HWY

STE B

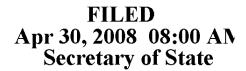
TAMPA. FL 33618

Mailing Address

13301 N DALE MABRY HWY

STE B

TAMPA, FL 33618





04212008

No Chg-P

CR2E034 (11/05)

4. FEI Number 03-0572095

Applied For Not Applicable

\$8.75 Additional Fee Required

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

JUROCKO DMD,PA, DAVID C 13301 N DALE MABRY HWY STE B

TAMPA, FL 33618

SIGNATURE:

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the obligations of registered agent					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating I DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			UUUUU0938180
TITLE	PSTD				05/27/08-80080-012 158.75
NAME	JUROCKO, DAVID C				-5, 5, 65 0000 01E 100.10
STREET ADDRESS	13301 N DALE MABRY HWY - STE B				
CITY-57-ZIP	TAMPA, FL 33618				
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TITLE NAME					
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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					

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