2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 601638

1. Entity Name
JOHN A. BIRCHFIELD, D.D.S,. P.A.

Principal Place of Business	Mailing Address
4700 N. HABANA SUITE 703 TAMPA, FL 33614	4700 N. HABANA SUITE 703 TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE

01252008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1278751
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BIRCHFIELD, JOHN A
4700 N HABANA
TAMPA, FL 33614

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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 _____ 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, 2008 Fee will be $550.00

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

U00000809800
02/08/08-80032-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BIACHFIELD, JOHN A DDS
STREET ADDRESS	4700 N HABANA #203
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	VS
NAME	BIRCHFIELD, JOHN A.
STREET ADDRESS	4700 N. HABANA, #703
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	BIRCHFIELD, JOHN A.
STREET ADDRESS	4700 N. HABANA, #703.
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: John A. Birchfield 1.30.08 813-876-1391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John A. Birchfield