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2008 FOR PROFIT CORPORATION ANNUAL REPORT

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603039

FILED

2008 APR 17 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 603039

1. Entity Name
KARL J. FOOSE D.D.S., P.A.

Principal Place of Business	Mailing Address
4100 PROFESSIONAL BLDG STE A 4100 SOUTH DIXIE WEST PALM BEACH, FL 33405	4100 PROFESSIONAL BLDG STE A 4100 SOUTH DIXIE WEST PALM BEACH, FL 33405

DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1361762

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOOSE,KARL J
4100 S. DIXIE, SUITE A
WEST PALM BEACH, FL 33405

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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 Karl J. Foose DMD March 13, 08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FOOSE,KARL J
STREET ADDRESS	4100 S.DIXIE, SUITE A
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	D
NAME	FOOSE, KARL J.
STREET ADDRESS	4100 S. DIXIE, SUITE A
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Karl J. Foose DMD 4/14/8 5684655340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #