

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03849

1. Entity Name
GARY A. TRIKARDOS, D.M.D., P.A.



Principal Place of Business
2603 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308

Mailing Address
2603 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2041874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUCHEMIN, CLAIRE, A
1250 - 52 NORTH GADSDEN ST
TALLAHASSEE, FL 32308

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

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TRIKARDOS, GARY A.
STREET ADDRESS 2603 CAPITAL MEDICAL BLV
CITY-ST-ZIP TALLAHASSEE, FL

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000000955213
07/16/08-80007-014 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #