

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90012 035 ***150.00

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1. Entity Name
IMBRIALE & CALABRESE, D.D.S., P.A.



Principal Place of Business
961 UNIVERSITY DR
CORAL SPRINGS, FL 33071 US

Mailing Address
961 UNIVERSITY DR
CORAL SPRINGS, FL 33071 US

40008940



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2185859

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

IMBRIALE, JOSEPH M DDS
961 UNIVERSITY DR
CORAL SPRINGS, FL 33071

**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 *Richard M Calabrese* *Richard M Calabrese VSD* *1-29-07*
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE VSD
NAME CALABRESE, RICHARD M
STREET ADDRESS 1705 VESTAL DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 00000,

TITLE PTD
NAME IMBRIALE, JOSEPH M
STREET ADDRESS 3740 NE 27TH AVE
CITY-ST-ZIP LIGHTHOUSE PT., FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 #