

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G01573

1. Entity Name
BASISTA & ELDRIDGE, D.D.S., P.A.



FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business
2454 WINKLER AVE
FORT MYERS, FL 33901

Mailing Address
2454 WINKLER AVE
FORT MYERS, FL 33901



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2220756

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BASISTA, MICHAEL J
2454 WINKLER AVE
FT MYERS, FL 33901

**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)
Signature, typed or printed name of registered agent and title if applicable DATE
07/11/08-80002-016 150.00

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
ELDRIDGE, POLLY G, DDS
2454 WINKLER AVE
FT MEYERS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
BASISTA, MICHAEL J, DDS
2454 WINKLER AVE
FT MEYERS, 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

**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: Michael J. Basista Michael J. Basista, DDS 10 July 08 (239) 936-3866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #