2007 FOR PROFIT CORPORATION ANNUAL REPORT .

DO NOT WRITE IN THIS SPACE

DOCUMENT # G48162

1. Entity Name JOHN G. SALATINO, D.D.S., P.A.



FILED Apr 05, 2007 08:00 All Secretary of State

Principal Place of Business

160 SE 6 AVENUE C/O JOHN G. SALATINO DELRAY BEACH, FL 33483 Mailing Address

160 SE 6 AVENUE C/O JOHN G. SALATINO DELRAY BEACH, FL 33483



02042007 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2330123

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALATINO, JOHN G. 160 S FEDERAL HWY DELRAY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE

2.4.07

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8. The above the obligation	named entity submits this statement for the p tions of registered agent.	purpose of changing its registered	office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Registered A	gent signature	a required when reinstating)	1 DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	 Election Campaign Financ Trust Fund Contribution. 	ng 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		···	
NAME STREET ADDRESS CITY-ST-ZIP	PVD SALATINO, JOHN G. 4452 ST. ANDREWS DR. BOYNTON BEACH, FL	:			U0000069 0 188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SALATINO, JOHN G 4452 ST. ANDREWS DR. BOYNTON BCH, FL				04/11/07-80066-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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.

CICMATURE.

STREET ADDRESS CITY-ST-ZIP

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