

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G67063

FILED  
Jul 02, 2007  
Secretary of State

Entity Name: JOSEPH G. CHIAFAIR, D.D.S., M.S., P.A.

## Current Principal Place of Business:

% JOSEPH G. CHIAFAIR, D.D.S.  
9471 BAYMEADOWS RD #101  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

## Current Mailing Address:

% JOSEPH G. CHIAFAIR, D.D.S.  
9471 BAYMEADOWS RD #101  
JACKSONVILLE, FL 32256

## New Mailing Address:

% JOSEPH G. CHIAFAIR, D.D.S.  
540 STATE RD 13 NORTH  
FRUIT COVE, FL 32259

FEI Number: 59-2340377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIAFAIR, JOSEPH G.  
9471 BAYMEADOWS RD  
101  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

CHIAFAIR, JOSEPH G.  
540 STATE RD 13 NORTH  
101  
FRUIT COVE, FL 32259 US

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.

SIGNATURE: \_\_\_\_\_

07/02/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CHIAFAIR, JOSEPH G., DDS  
Address: 959 BAYSIDE BLUFF RD.  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: CHIAFAIR, JOSEPH G., DDS  
Address: 959 BAYSIDE BLUFF RD.  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH G CHIAFAIR

PRES

07/02/2007

Electronic Signature of Signing Officer or Director

Date