

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G67063

FILED  
Jan 11, 2010  
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.  
540 STATE RD 13 NORTH  
FRUIT COVE, FL 32259

**New Mailing Address:**

**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.  
540 STATE RD 13 NORTH  
101  
FRUIT COVE, FL 32259 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** CHIAFAIR, JOSEPH G DR.  
**Address:** 959 BAYSIDE BLUFF RD.  
**City-St-Zip:** JACKSONVILLE, FL 32259

I hereby 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 all other like empowered.

**SIGNATURE:** JOSEPH G CHIAFAIR

PRES

01/11/2010

Electronic Signature of Signing Officer or Director

Date