

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90025 041 \*\*\*150.00

**DOCUMENT # G70656**

1. Entity Name

DAYN COROT BOITET, D.D.S., P.A.



Principal Place of Business

1409 KINGSLEY AVENUE STE 9A  
ORANGE PARK FL 32073

Mailing Address

1409 KINGSLEY AVENUE STE 9A  
ORANGE PARK FL 32073

2. Principal Place of Business

1665 Eagle Harbor Pkwy E

Suite, Apt. #, etc.

3. Mailing Address

1665 Eagle Harbor Pkwy E.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

Orange Park FL

Zip  
32003

Country  
USA

City & State

Orange Park, FL

Zip  
32003

Country  
USA

4. FEI Number

59-2339289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOITET, DAYN COROT D.D.S.  
1409 KINGSLEY AVENUE  
STE 9A  
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name Boitet, Dayn Corot DDS

Street Address (P.O. Box Number is Not Acceptable)

1665 Eagle Harbor Parkway East

City Orange Park

FL

Zip Code

32003

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/06

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME BOITET, DAYN COROT  
STREET ADDRESS 1409 KINGSLEY AVENUE STE 9A  
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE S  
NAME BOITET, JUDITH ANN  
STREET ADDRESS 1409 KINGSLEY AVE STE 9A  
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Same Name ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1665 Eagle Harbor Parkway E.  
CITY-ST-ZIP Orange Park FL 32003

TITLE Same Name ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1665 Eagle Harbor Parkway E.  
CITY-ST-ZIP Orange Park, FL 32003

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

1/29/06 904-264-6700

Date

Daytime Phone #