

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90400 045 ***150.00

DOCUMENT # J88043

1. Entity Name

PETER J. BARAK, DDS, P.A.



Principal Place of Business

1237 S. MISSOURI AVENUE
CLEARWATER FL 33756

Mailing Address

1237 S. MISSOURI AVENUE
CLEARWATER FL 33756



2. Principal Place of Business

1530 LAGO VISTA BLVD

Suite, Apt. #, etc.

3. Mailing Address

1530 LAGO VISTA BLVD

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

PALM HARBOR FLORIDA

City & State

PALM HARBOR FLORIDA

4. FEI Number

59-2571798

Applied For

Not Applicable

Zip

34685

Country

U.S.A.

Zip

34685

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARAK, PETE J
1237 S. MISSOURI AVENUE
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

PETER J. BARAK, DDS, P.A.

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

1530 LAGO VISTA BLVD.

City

PALM HARBOR

FL

Zip Code

34685

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

Peter J. Barak DDS, P.A.

PETER J. BARAK DDS, P.A.

President

1-28-06

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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 D ☐ Delete
NAME BARAK, PETER J
STREET ADDRESS 1237 S. MISSOURI AVENUE 1530 LAGO VISTA BLVD
CITY-ST-ZIP CLEARWATER FL 33756 PALM HARBOR FL 34685

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Peter J. Barak DDS, P.A.

PETER J. BARAK DDS, P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-06

Daytime Phone #

727-285-8973