


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2006 8:00 am
Secretary of State

01-26-2006 90045 045 ***150.00

DOCUMENT # K43763	
1. Entity Name JOHN M. CHERRY D.M.D., P.A.	

Principal Place of Business BLOOMING DALE EXECUTIVE PARK 360 E. BLOOMINGDALE AVE. BRANDON, FL 33511	Mailing Address BLOOMING DALE EXECUTIVE PARK 360 E. BLOOMINGDALE AVE. BRANDON, FL 33511
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66001883



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2916409	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHERRY, JOHN M. BLOOMINGDALE EXECUTIVE PRK 360 E BLOOMINGDALE AVE BRANDON, FL 33511

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHERRY, JOHN 360 E. BLOOMINGDALE AVE. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: John M. Cherry DMD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06 813 684 4777
Date Daytime Phone #

ATTACHMENT



66 001883

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2006

JOHN M. CHERRY D.M.D., P.A.
BLOOMING DALE EXECUTIVE PARK
360 E. BLOOMINGDALE AVE.
BRANDON, FL 33511

Subject: **JOHN M. CHERRY D.M.D., P.A.**

Reference Number: **K43763**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION