

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L82769

1. Entity Name

JAY L. AJMO, D.D.S., P.A.



Principal Place of Business

7100 FAIRWAY DR
STE 59
PALM BEACH GARDENS FL 33418
US

Mailing Address

7100 FAIRWAY DR
STE 59
PALM BEACH GARDENS FL 33418
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0199133

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AJMO, JAY L., D.D.S.
7100 FAIRWAY DR. #59
SHOPPES ON THE GREEN
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 fee 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

D

☐ Delete

NAME

AJMO, JAY L., D.D.S.

☐ Change

☐ Add

STREET ADDRESS

15280 PALMWOOD RD

☐ Change

☐ Add

CITY- ST- ZIP

PALM BEACH GRDNS FL 33410

☐ Change

☐ Add

TITLE

☐ Delete

NAME

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STREET ADDRESS

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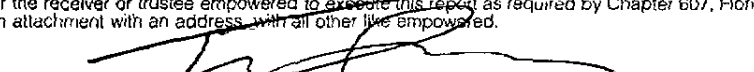
CITY- ST- ZIP

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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:



2/20/06

561-627-86