


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**5 Jun 05, 2008 8:00 am
Secretary of State**

05-06-2008 90033 043 ***150.00

DOCUMENT # M83835 1. Entity Name DR. DENNIS J. CHIARO, P.A.	
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Principal Place of Business 4255 N.W. 88TH AVENUE SUNRISE, FL 33351	Mailing Address 4255 N.W. 88TH AVENUE SUNRISE, FL 33351
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66013436



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0056815	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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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CHIARO, DENNIS J. 4255 N.W. 88TH AVE. SUNRISE, FL 33351
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**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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

4-18-2008

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHIARO, DR. DENNIS J 4255 N.W. 88TH AVE. SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-2008 (954) 572-7614