## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000012140

**Current Principal Place of Business:** 

Entity Name: IVIS ALVAREZ, D.M.D., P.A.

FILED Feb 01, 2008 Secretary of State

8708 PERIMETER PARK BLVD. 7807 BAYMEADOWS ROAD EAST SUITE 2 SUITE 305 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32256 **New Mailing Address: Current Mailing Address:** 8708 PERIMETER PARK BLVD. 7807 BAYMEADOWS ROAD EAST SUITE 2 SUITE 305 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32256 FEI Number: 59-3642364 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALVAREZ, IVIS DMD 7659 SAW TIMBER LN. JACKSONVILLE, FL 32256 US 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. SIGNATURE: Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Election Campaign Financing Trust Fund Contribution ( ).

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**New Principal Place of Business:** 

 Title:
 DR
 ( ) Delete
 Title:
 ( ) Change ( ) Addition

 Name:
 ALVAREZ, IVIS DMD
 Name:

 Address:
 7659 SAW TIMBER LN.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IVIS ALVAREZ DR. 02/01/2008