

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000042036

Entity Name: JAMES L. GREGALOT, D.D.S., INC.

FILED  
Apr 10, 2008  
Secretary of State

## Current Principal Place of Business:

4010 S 57 AVE STE 101  
LAKE WORTH, FL 33463

## New Principal Place of Business:

## Current Mailing Address:

4010 S 57 AVE STE 101  
LAKE WORTH, FL 33463

## New Mailing Address:

FEI Number: 65-1015279      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GREGALOT, JAMES L DDS  
4010 S 57 AVE STE 101  
LAKE WORTH, FL 33463      US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GREGALOT, JAMES L  
Address: 4010 S 57 AVE STE 101  
City-St-Zip: LAKE WORTH, FL 33463

Title: VPS ( ) Delete  
Name: HENDERSON, OLENIA  
Address: 4010 S 57TH AVE SUITE 101  
City-St-Zip: LAKE WORTH, FL 33463

Title: AS ( ) Delete  
Name: GREGALOT, DARLENE  
Address: 4010 S 59TH AVENUE SUITE 101  
City-St-Zip: LAKE WORTH, FL 33463

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: OLENIA HENDERSON

VP

04/10/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date