

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000062706

1. Entity Name

JACOB LEBOVICI, M.S., D.D.S., INC.



**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90020 013 \*\*\*150.00

Principal Place of Business

175 TEQUESTA DR  
SUITE 3H  
TEQUESTA FL 33469

Mailing Address

175 TEQUESTA DR  
SUITE 3H  
TEQUESTA FL 33469



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 65-1003283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
-Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEBOVICI, JACOB  
9146 DELEMAR COURT  
WELLINGTON FL 33414

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 the filer, applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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 P ☐ Delete  
NAME LEBOVICI, JACOB  
STREET ADDRESS 9146 DELEMAR COURT  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FLORIDA DEPARTMENT OF STATE

**ATTACHMENT**  
2008 ANNUAL REPORT

2/7/2008

5590

150.00

66002085  
#P00000062706

Bnk Amca #9608

2008 ANNUAL REPORT

150.00

FLORIDA DEPARTMENT OF STATE

2008 ANNUAL REPORT

2/7/2008

5590

150.00

Bnk Amca #9608

2008 ANNUAL REPORT

150.00

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to the signature - sorry for  
the inconvenience!