

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90012 044 ***150.00

DOCUMENT # P01000007592

1. Entity Name
EROS S. CHAVES, D.M.D., M.S., P.A.



Principal Place of Business

14155 U.S. HWY ONE
SUITE 302
JUNO BEACH, FL 33408

Mailing Address

721 US HWY 1
SUITE 121
JUNO BEACH, FL 33408

40042407



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

935 43 TERRACE SW

3. Mailing Address

935 43 TERRACE SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082007

Chg-P

CR2E034 (12/06)

City & State

VERO BEACH, FL

City & State

VERO BEACH FL

4. FEI Number

65-1078167

Applied For

Not Applicable

Zip

32968

Country

U.S.

Zip

32968

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~GILLESPIE, KENNETH~~ VIRGINIA M. Wetherald
~~721 U.S. HIGHWAY ONE~~ 3333 20th Street
~~SUITE 121~~
NORTH PALM BEACH, FL 33408-4619 - VERO Beach, FL
32960

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME CHAVES, EROS S
STREET ADDRESS 14155 U.S. HWY ONE, STE 302
CITY-ST-ZIP JUNO BEACH, FL 33408

☐ Delete

935 43 TERRACE SW
VERO BEACH FL
32968

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TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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 #

EROS S. CHAVES president 03/15/07 772 2994112