

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000015300

1. Entity Name
ANNY B. VERA, D.D.S., M.S.C, P.A.



Principal Place of Business
1667 N. CLYDE MORRIS BLVD.
SUITE 1
DAYTONA BEACH, FL 32117

Mailing Address
115 E. GRANADA BLVD., STE. 6
ORMOND BEACH, FL 32176



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3700300

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VERA, ANNY B
1667 N. CLYDE MORRIS BLVD.
SUITE 1
DAYTONA BEACH, FL 32117

**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 title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000918756
05/13/08-80094-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VERA, ANNY B
STREET ADDRESS	1667 N. CLYDE MORRIS BLVD., 1
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	VP
NAME	VERA, ARNOLD
STREET ADDRESS	1667 N. CLYDE MORRIS BLVD., SUITE 5
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 #

04/22/08 2742021