

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90026 040 ***150.00

DOCUMENT # P01000052048

1. Entity Name

JAMISON L. PLANTZ, D.M.D., P.A.



Principal Place of Business

305 HWY 98 EAST
DESTIN FL 32541

Mailing Address

305 HWY 98 EAST
DESTIN FL 32541



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

305 Harbor Blvd

Suite, Apt. #, etc.

3. Mailing Address

305 Harbor Blvd

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Destin FL

City & State

Destin FL

4. FEI Number

59-3722528

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, BRET A
135 E JOHN C SIMS PARKWAY
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8. The above named entity submits this statement for the purpose of changing its
the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: If

*Same Location -
PO changed
our Address
305 Harbor Blvd.*

☒ Zip Code

im familiar with, and accept

ning

\$5.00 May Be
Added to Fees

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | PSTD | <input type="checkbox"/> Delete |
| NAME | PLANTZ, JAMISON L | |
| STREET ADDRESS | 12 HILLCREST DR | |
| CITY ST ZIP | SHALIMAR FL 32579 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

J. Plantz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/12/07

850 837 6824

Date

(Daytime Phone #)