

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90022 046 ***150.00

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1. Entity Name
FAMILY SMILE DENTISTY, P.A.



Principal Place of Business

Mailing Address

~~9090 50TH DRIVE E~~

8780 State Rd. 70

~~9090 50TH DRIVE E~~

8780 State Rd. 70

~~#300~~

East #101

~~#300~~

#101

BRADNETON, FL 34202

BRADNETON, FL 34202

Ka. 70 E-40015829



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number

01-0551213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FOROUGH, FARHAD
9812 SWEETWATER AVE
BRADNETON, FL 34202

**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 reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **FOROUGH, FARHAD**
STREET ADDRESS **9812 SWEETWATER AVE**
CITY-ST-ZIP **BRADNETON, FL 34202**

TITLE **TS**
NAME **JARQUIN, DORA**
STREET ADDRESS **9812 SWEETWATER AVE**
CITY-ST-ZIP **BRADNETON, FL 34202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

1/29/08

Date Daytime Phone #