2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2007 08:00 AM DOCUMENT # P02000036474 **Secretary of State** 1. Entity Name MCGILVRAY DENTAL, P.A. Principal Place of Business Mailing Address 6029 N 9TH AVE 6029 N 9TH AVE PENSACOLA, FL 32504 PENSACOLA, FL 32504 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0670135 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent MCGILVRAY, JOHN M DO NOT WRITE 6029 N 9TH AVE PENSACOLA, FL 32504 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, typed or printed name of registered agent and gitte if applicable (NOTE Registered Agent algnature required when reinstating) V00000588296 01/Ĭ7/07-80068-003 150.00 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE MCGILVRAY, JOHN M NAME STREET ADDRESS 6029 N 9TH AVE CiTY-ST-ZiP PENSACOLA, FL 32504 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 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.

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

1-4-2007

850-476-5034

Daytime Phone *

FILED