


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00
Secretary of State

DOCUMENT # P02000041092	
1. Entity Name TIFFANY SPALLONE, D.M.D., P.A.	

Principal Place of Business 2166 58TH AVENUE VERO BEACH, FL 32966	Mailing Address 2166 58TH AVENUE VERO BEACH, FL 32966
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DO NOT WRITE IN THIS SPACE

02152005 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1648916	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPALLONE, TIFFANY DMD 2166 58TH AVENUE VERO BEACH, FL 32966
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPALLONE, DR. TIFFANY DMD 2166 58TH AVE. VERO BEACH, FL 32966
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dr. Tiffany Spallone DMDPA 2-28-05 772-567-5100
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #