

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90019 041 ***150.00

DOCUMENT # P02000133007

1. Entity Name

DEBBIE A. SPIVAK, D.P.M., P.A.



Principal Place of Business

2205 NW 40TH TERRACE, STE C
GAINESVILLE FL 32605

Mailing Address

2205 NW 40TH TERRACE, STE C
GAINESVILLE FL 32605



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

4615 NW 53 Ave

3. Mailing Address

4615 NW 53 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number 65-1164530

Applied For

Not Applicable

Zip

32606

Country

Alachua

Zip

32606

Country

Alachua

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIVAK, DEBBIE A
2205 NW 40TH TERRACE, STE C
GAINESVILLE FL 32605

Name

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

City

FL

Zip Code

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's signature required when reconstituting)

DATE

FILE NOW!!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SPIVAK, DEBBIE A
STREET ADDRESS 2205 NW 40TH TERRACE, STE C
CITY-ST-ZIP GAINESVILLE FL 32605

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debbie A. Spivak

Date

President

Daytime Phone #