

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 8:00 am
Secretary of State

17

01-25-2008 90038 026 ***150.00

DOCUMENT # P03000156817

1. Entity Name
BELLEVUE DENTAL CENTER, INC.



Principal Place of Business
**10600 S. US HIGHWAY 441
BELLEVUE, FL 34420**

Mailing Address
**10600 S. US HIGHWAY 441
BELLEVUE, FL 34420**

66001803



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0590543

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GUILFOIL, PAUL J
23 SE 12TH TERRACE
OCALA, FL 34471**

**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 renewing.) 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SWEENEY, HENRY A
10600 S. US HIGHWAY 441
BELLEVUE, FL 34420**

TITLE
NAME
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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: Henry A Sweeney President 2/28/08 352-288-0763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #