

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90029 044 ***150.00

DOCUMENT # P04000028201

1. Entity Name

THOMAS J. PRADE DDS, INC.



Principal Place of Business

Mailing Address

~~2701 NE 14 STREET~~
~~SUITE 2~~
~~POMPANO BEACH FL 33062~~

~~2701 NE 14 STREET~~
~~SUITE 2~~
~~POMPANO BEACH FL 33062~~

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

3409 N. 56th ST
Suite, Apt. #, etc.

3. Mailing Address

11946 N. 144th WAY
Suite, Apt. #, etc.

City & State

Phoenix, AZ

City & State

SCOTTSDALE, AZ

Zip

85018

Country

USA

Zip

85259

Country

USA

4. FEI Number

56-2434430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUBROW DUKER & ASSOCIATES, PA
5401 N. UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

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 signature required when reinstating)

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 P
NAME PRADE, THOMAS J
STREET ADDRESS 2701 NE 14 STREET, SUITE 2
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME THOMAS J. PRADE
STREET ADDRESS 3409 N. 56th ST.
CITY-ST-ZIP Phoenix, AZ 85018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

2/2/08 408-551-3535
Date Daytime Phone #