

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90045 001 ***150.00

DOCUMENT # P04000054444

1. Entity Name

CRAIG D. SPENCER D.M.D. P.A.



Principal Place of Business

721 US HWY 1

#106

NORTH PALM BEACH, FL 33408 US

Mailing Address

721 US HWY 1

#106

NORTH PALM BEACH, FL 33408 US



01112007

No Chg-P

CR2E034 (11/05)

4. FEI Number

35-2228093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPENCER, CRAIG D

721 US HWY 1

#106

NORTH PALM BEACH, FL 33408

625 SE 2nd
Ave Suite D.
Boynton Beach FL
33435

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

O

NAME

SPENCER, CRAIG D

STREET ADDRESS

721 US HWY 1, #106

CITY - ST - ZIP

NORTH PALM BEACH, FL 33408

TITLE

Need to change address

NAME

625 SE 2nd Ave Suite D

STREET ADDRESS

625 SE 2nd Ave Suite D

CITY - ST - ZIP

Boynton Beach FL 33435

TITLE

Boynton Beach FL 33435

NAME

Boynton Beach FL 33435

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #