


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000116361 1. Entity Name FLORIDA DENTAL AND DENTURE CENTER III, INC.	
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Principal Place of Business 2945 NORTH AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407	Mailing Address 1901 SOUTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435
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01212008 No Chg-P CR2EQ34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3722688	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEMEAH, YVES
2945 NORTH AUSTRALIAN AVE
WEST PALM BEACH, FL 33407

**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, 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	DP SEMEAH, YVES 1901 SOUTH FEDERAL HWY BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ZUFI, JUDITH 1901 SOUTH FEDERAL HWY BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/28/08-80021-007 150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____