

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90017 009 ***150.00

DOCUMENT # P04000145798

1. Entity Name
MAYCO DENTAL, P.A.



Principal Place of Business
**351 S.W. 187 AVENUE
PEMBROKE PINES, FL 33029**

Mailing Address
**351 S.W. 187 AVENUE
PEMBROKE PINES, FL 33029**

2. Principal Place of Business
9449 SHERIDAN ST.

3. Mailing Address
9449 SHERIDAN ST.

(Suite/Apt. #, etc.)
A

(Suite/Apt. #, etc.)
A

City & State
COOPER CITY, Florida

City & State
COOPER CITY, Florida

Zip
33024 Country
USA

Zip
33024 Country
USA



04042006 Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE 20-1800497 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**COREY, RICHARD P
351 S.W. 187 AVENUE
PEMBROKE PINES, FL 33029**

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, 2006 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
**P
YAZJI-COREY, MAY
351 S.W. 187 AVENUE
PEMBROKE PINES, FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Delete

TITLE
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
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CITY - ST - ZIP
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 ☐ Change ☐ Addition

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: **MAY YAZSI-COREY, Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06
Date

954 8859560
Daytime Phone #