

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000145798

1. Entity Name  
MAYCO DENTAL, P.A.



**FILED**  
**Jul 28, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
9449 SHERIDAN ST  
STE A  
HOLLYWOOD, FL 33024

Mailing Address  
9449 SHERIDAN ST  
STE A  
HOLLYWOOD, FL 33024



01232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1800497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

**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	P
NAME	YAZJI-COREY, MAY
STREET ADDRESS	351 S.W. 187 AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000956461  
U7/28/08-80004-014 550.00

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

MAY YAZJI-COREY 1/24/08 954 8859560  
President

Date

Daytime Phone #