

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000166950

1. Entity Name
PORT CHARLOTTE DENTALCARE INC.



Principal Place of Business
3441 CONWAY BLVD.
PORT CHARLOTTE, FL 33952

Mailing Address
3441 CONWAY BLVD.
PORT CHARLOTTE, FL 33952



07032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0288248	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

KATTOURA & ASSOCIATES, INC.
1499 W PALMETTO PARK RD STE 416
BOCA RATON, FL 33486

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	FARAG, JOSEPH DR.
STREET ADDRESS	12694 N.W. 7TH COURT
CITY- ST- ZIP	CORAL SPRINGS, FL 33071

TITLE	SEC
NAME	FARAG, JOSEPH
STREET ADDRESS	12694 N.W. 7TH COURT
CITY- ST- ZIP	CORAL SPRINGS, FL 33071

TITLE	TRES
NAME	FARAG, JOSEPH
STREET ADDRESS	12694 N.W. 7TH COURT
CITY- ST- ZIP	CORAL SPRINGS, FL 33071

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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07/10/07-80011-021 150.00

**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

Joseph Farag CEO

Date

7/3/07 352-514-8635

Daytime Phone #