

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90061 039 ***158.00

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1. Entity Name

FIRST COAST DENTISTRY, P.A.



Principal Place of Business

1313 E COAST DR
ATLANTIC BCH, FL 32233

Mailing Address

1313 E COAST DR
ATLANTIC BCH, FL 32233



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-2187893

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

ADAMS, CHRISTINE T
1301 RIVERPLACE BLVD STE 1500
JACKSONVILLE, FL 32207

**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
DPST
TOMAN, THOMAS J D.D.S.
1313 E COAST DR
ATLANTIC BCH, FL 32233

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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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:

Thomas J. Toman D.D.S. THOMAS J. TOMAN D.D.S.

2/14/08

(904) 246-1915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #