

# **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000068192

**Entity Name:** KAWVEH NOFALLAH, D.M.D., P.A.

**FILED**  
**Jan 29, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

3624 HARDEN BLVD  
LAKELAND, FL 33803 US

**New Principal Place of Business:**

**Current Mailing Address:**

3388 FIDDLE LEAF WAY  
LAKELAND, FL 33811 US

**New Mailing Address:**

FEI Number: 20-2855082      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADAMS, HAL  
1642 MEDICAL LANE  
SUITE A  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NOFALLAH, KAWVEH DMD  
Address: 3624 HARDEN BLVD  
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete  
Name: NOFALLAH, KAWVEH DMD  
Address: 3624 HARDEN BLVD  
City-St-Zip: LAKELAND, FL 33803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAWVEH NOFALLAH

P

01/29/2008

Electronic Signature of Signing Officer or Director

Date