

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90019 027 ***150.00

DOCUMENT # P05000124966

1. Entity Name

MYERS PEDIATRIC DENTISTRY, P.A.



Principal Place of Business

2140 KINGSLEY AVENUE, SUITE 9
ORANGE PARK, FL 32073

Mailing Address

2140 KINGSLEY AVENUE, SUITE 9
ORANGE PARK, FL 32073

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

3200 Old Jennings Rd

Suite, Apt. #, etc.

3200 Old Jennings Rd

City & State

Middleburg, FL

City & State

Middleburg, FL

Zip

32068

Country

USA

Zip

32068

Country

USA

01132008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-3463559

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MYERS, GARY R D.M.D.
2140 KINGSLEY AVENUE, SUITE 9
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent

Name

Gary R. Myers, D.M.D.

Street Address (P.O. Box Number is Not Acceptable)

3200 Old Jennings Rd

City

Middleburg

FL

Zip Code

32068

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	<input type="checkbox"/> Delete
NAME	MYERS, GARY R D.M.D.	
STREET ADDRESS	2140 KINGSLEY AVE, SUITE 9	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MYERS, JULIA D	
STREET ADDRESS	2140 KINGSLEY AVE, SUITE 9	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	MYERS, MARGARET R	
STREET ADDRESS	2140 KINGSLEY AVE, SUITE 9	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3200 Old Jennings Rd	
STREET ADDRESS	Middleburg, FL 32068	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3200 Old Jennings Rd	
STREET ADDRESS	Middleburg, FL 32068	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3200 Old Jennings Rd	
STREET ADDRESS	Middleburg, FL 32068	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Gary R. Myers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2008

904-505-2010

Date

Daytime Phone #