

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000107994

Entity Name: MOLLY MCCARTY, D.D.S., P.A.

FILED
Apr 10, 2008
Secretary of State

Current Principal Place of Business:

425 WEST TOWN PLACE SUITE 106
ST. AUGUSTINE, FL 32092 US

New Principal Place of Business:

425 WEST TOWN PLACE
106
ST. AUGUSTINE, FL 32092 US

Current Mailing Address:

425 WEST TOWN PLACE SUITE 106
ST. AUGUSTINE, FL 32092 US

New Mailing Address:

1401 RIVERPLACE BLVD
1602
JACKSONVILLE, FL 32207 US

FEI Number: 20-5390108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES A. NOLAN, P.A.
4114 HERSCHEL STREET
SUITE 105
JACKSONVILLE, FL 32210 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: PRES () Delete
Name: MCCARTY, MOLLY K
Address: 13820 ST. AUGUSTINE ROAD, SUITE 105
City-St-Zip: JACKSONVILLE, FL 32258 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MCCARTY, MOLLY K
Address: 1401 RIVERPLACE BLVD APT 1602
City-St-Zip: JACKSONVILLE, FL 32207 US

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: MOLLY K MCCARTY

PRES

04/10/2008

Electronic Signature of Signing Officer or Director

Date