

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000116099

1. Entity Name

MICHAEL S. FOWLER, D.M.D., P.A.



Principal Place of Business

38 SUNTREE PLACE
SUITE 1
MELBOURNE, FL 32940

Mailing Address

38 SUNTREE PLACE
SUITE 1
MELBOURNE, FL 32940



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-5527248

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

FOWLER, MICHAEL S D.M.D.
38 SUNTREE PLACE
SUITE 1
MELBOURNE, FL 32940

**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

000000888104
04/21/08-80047-001 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME FOWLER, MICHAEL S D.M.D.
STREET ADDRESS 38 SUNTREE PLACE #1
CITY-ST-ZIP MELBOURNE, FL 32940

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 a different name, or with a different title.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 13, 2008 (321) 259-9511