

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90017 021 ***150.00

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DOCUMENT # P06000118402			
1. Entity Name JUAN ALBERTO DDS, MS, PA			
Principal Place of Business 4700 SW ARCHER RD K73 GAINESVILLE, FL 32608 US		Mailing Address 4700 SW ARCHER RD K73 GAINESVILLE, FL 32608 US	
2. Principal Place of Business - No P.O. Box # 13846 Atlantic Blvd.		3. Mailing Address 13846 Atlantic Blvd.	
Suite, Apt. #, etc. Apt. 807		Suite, Apt. #, etc. Apt. 807	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32225	Country USA	Zip 32225	Country USA
6. Name and Address of Current Registered Agent ALBERTO, JUAN DDS,MS 4700 SW ARCHER RD K73 GAINESVILLE, FL 32608		7. Name and Address of New Registered Agent Name JUAN ALBERTO, DDS, MS Street Address (P.O. Box Number is Not Acceptable) 13846 Atlantic Blvd Apt. 807 City Jacksonville FL Zip Code 32225	
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 		DATE 2-13-08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	ALBERTO, JUAN DDS,MS <input type="checkbox"/> Delete	TITLE P	ALBERTO, JUAN DDS MS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4700 W ARCHER RD K73		STREET ADDRESS 13846 Atlantic Blvd Apt 807	
CITY-ST-ZIP GAINESVILLE, FL 32608		CITY-ST-ZIP Jacksonville, FL 32225	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		DATE 2-13-08	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 786-229-5110	