2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# P06000157610

Entity Name: JOSEPH C. JOYCE, D.M.D.,M.S., P.A.

Current Principal Place of Business:

4715 SE 33RD ST
OCALA, FL 34471

New Principal Place of Business:

1910 SE 18TH AVE
OCALA, FL 34471

Current Mailing Address:

4715 SE 33RD ST
OCALA, FL 34471

New Mailing Address:

4715 SE 33RD ST
OCALA, FL 34480

FEI Number: 20-8121761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOYCE, JOSEPH C
4715 SE 33RD ST
OCALA, FL 34471 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. ( ) Change (X) Addition
Name: JOYCE, JOSEPH C DMD
Address: 4715 SE 33RD STREET
City-St-Zip: OCALA, FL 34480

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: JOSEPH C. JOYCE DMD DR. 07/08/2008

Electronic Signature of Signing Officer or Director Date