

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000035358

**FILED**  
**Feb 24, 2008**  
**Secretary of State**

**Entity Name:** CRAIG A. SEGAL, D.M.D., P.A.

**Current Principal Place of Business:**

825 DONALD ROSS RD  
JUNO BEACH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

19125 CLOISTER LAKE LANE  
BOCA RATON, FL 33498 US

**New Mailing Address:**

FEI Number: 65-0420740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEGAL, CRAIG  
19125 CLOISTER LAKE LANE  
BOCA RATON, FL 33498 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: DR ( ) Delete  
Name: SEGAL, CRAIG A  
Address: 19125 CLOISTER LAKE LN  
City-St-Zip: BOCA RATON, FL 33498

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CRAIG SEGAL

DMD

02/24/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date