2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Secretary of State DOCUMENT # P94000056543 1. Entity Name 02-14-2008 90019 041 \*\*\*150.00 DANIEL L. PICHLER D.D.S., P.A. Principal Place of Business Mailing Address PICHLER, DANIEL L. 6100 S. E. FEDERAL HWY STUART FL 34997 PICHLER, DANIEL L. 6100 S.E. FEDERAL HWY STUART FL 34997 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-0520329 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PICHLER, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 8282 SE SANCTUARY DR HOBE SOUND FL 33455 Zip Code 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 obligation's of registered agent. SIGNATURE Signature, typed or presed harm of registered agent and the diapplicacio. (AOTE Registered Agent styrosture required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition PICHLER, DANIEL L. NAME NAME STREET ADDRESS 6100 S. E. FEDERAL HWY STREET ADDRESS CITY-ST-7I₽ STUART FL 34997 CITY-ST-ZIP TITLE ☐ De⊧ete TITLE Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST 2IP TITLE ☐ De⊧ete TITLE ☐ Change ☐ Addition CIAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exernctions contained in Section 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 emocratic 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 223-9207 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 14, 2008 8:00 am

## **ATTACHMENT**



DANIEL L. PICHLER, D.D.S., P./

8138 S.E. FEDERAL HIGHWAY HOBE SOUND, FLORIDA 33455 TELEPHONE (772) 223-9202 FAX (772) 223-9813

To Whom It May Concern:

Document # P94000056543 Daniel L. Pichler D.D.S., P.A.

Name and address of Current Registered Agent is correct as listed

Principal Place of Business has changed:

New Address: Pichler, Daniel L.

8138 S.E. Federal Highway Hobe Sound, Florida 33455 Old Address: Pichler, Daniel L.

6100 S. E. Federal Hwy Stuart, Florida 34997

Mailing Address has changed:

New Address: Pichler, Daniel L.

8138 S. E. Federal Highway Hobe Sound, Florida 33455

Old Address: Pichler, Daniel L.

6100 S. E. Federal Hwy. Stuart, Florida 34997

Please correct your records. Thank you.

Sincerely,

Daniel L. Pichler, D.D.S., P.A.