

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

5-18-2007
90024021
FILED 150.

DOCUMENT # P94000072122

1. Entity Name
TONY D. CLARK D.M.D., P.A.



2007 OCT 12 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
526 MARY ESTHER CUT-OFF
FT WALTON BEACH, FL 32548

Mailing Address
526 MARY ESTHER CUT-OFF
FT WALTON BEACH, FL 32548



05022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3273768

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, TONY D DDM
526 MARY ESTHER CUT-OFF
FT WALTON BEACH, FL 32548

**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 5-1-07

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CLARK, TONY D DMD
STREET ADDRESS 526 MARY ESTHER CUT-OFF
CITY - ST - ZIP FORT WALTON BEACH, FL 32548

TITLE
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

05/18/07 90024 021 \$150.00