2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000004733

1. Entity Name

PANTEA T. KHAZRAEE D.D.S., P.A.



US

FILED Jan 16, 2008 8:00 am Secretary of State

01-16-2008 90021 006 ***158.75

Principal Place of Business

900 N SWALLOW TAIL DR STE 103

PORT ORANGE, FL 32129 U

Mailing Address

900 N SWALLOW TAIL DR

STE 103

DO NOT WRITE IN THIS SPACE

PORT ORANGE, FL 32129



No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3290843

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KHAZRAEE, PANTEA T 900 N SWALLOW TAIL DR STE 103 PORT ORANGE EL 32129

DO NOT WRITE IN THIS SPACE

1 ON ONANGE, 1 E 32129					
8. The above the obligat	named entity submits this statement for the pions of registered agent.	Durpose of changing its registered	office or r	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTF Registered A	gent signature	required when reinstating)	DAFE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financi Trust Fund Contribution	ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHAZRAEE, PANTEA T 763 N. BEACH ST. 900 N.S.W. ORMOND BEACH, FL. 32174	uallow Tail Dr.			
TITLE. NAME STREET ADDRESS CITY-ST-ZIP	Portc	10 rgl FC 32129			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

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 it 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:

STRFET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #