

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000021218

Entity Name: C.F. JOHARY D.M.D., P.A.

FILED
Feb 16, 2008
Secretary of State

Current Principal Place of Business:

2390 W OLD HWY 441 SUITE 2
MT. DORA DENTAL CARE
MT DORA, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 916552
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3299919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHARY, C F
2019 VANDERBILT PT.
LONGWOOD, FL 32779 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: PRES () Delete
Name: JOHARY, C F
Address: 2019 VANDERBILT POINT
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP () Delete
Name: JOHARY, EDWIN F
Address: 2245 NW 4TH PL
City-St-Zip: GAINESVILLE, FL 32603 US

Title: SEC () Delete
Name: JOHARY, SONIA E
Address: 2019 VANDERBILT POINT
City-St-Zip: LONGWOOD, FL 32779 US

Title: TRUS () Delete
Name: BROWN, CAROL M
Address: 12215 SE HWY 42
City-St-Zip: WEIRSDALE, FL 32195 US

Title: #2 () Delete
Name: LADY LAKE DENTAL CAR, E
Address: 13915 US HWY 441 N.
City-St-Zip: LADY LAKE, FL 32159 US

Title: #3 () Delete
Name: OXFORD DENTAL CARE,
Address: 11905 US HWY 301 N.
City-St-Zip: OXFORD, FL 34484 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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Address:
City-St-Zip:

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

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: C.F. JOHARY, DMD,PA

PRES

02/16/2008

Electronic Signature of Signing Officer or Director

Date