## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000021218

Entity Name: JOHARY DENTAL, INC.

**Current Mailing Address:** 

FILED Apr 21, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2019 VANDERBILT POINT 1321 APOPKA AIRPORT RD LONGWOOD, FL 32779 US

**UNIT G** APOPKA, FL 32712

**New Mailing Address:** 

P.O. BOX 916552 1321 APOPKA AIRPORT RD LONGWOOD, FL 32791 US

UNIT G

APOPKA, FL 32712 US

FEI Number: 59-3299919 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

JOHARY, C F DMD PA JOHARY, C F DMD PA 2019 VANDERBILT PT. 1321 APOPKA AIRPORT RD LONGWOOD, FL 32779 US **UNIT G** APOPKA, FL 32712 US

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: C.F.JOHARY 04/21/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

JOHARY, C F DMD PA Name:

1321 APOPKA AIRPORT RD UNIT G Address:

City-St-Zip: APOPKA, FL 32712 US

Title: VΡ

Name: JOHARY, C F DMD PA

1321 APOPKA AIRPORT RD UNIT G Address:

APOPKA, FL 32712 US City-St-Zip:

Title: SEC

JOHARY, SONIA E Name:

1321 APOPKA AIRPORT RD UNIT G Address:

City-St-Zip: APOPKA, FL 32712 US

I hereby 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 all other like empowered.

SIGNATURE: C F JOHARY DMD.PA **MGR** 04/21/2011