

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90037 035 ***150.00

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1. Entity Name

DANILO HERNANDEZ, D.D.S., P.C., INC.



Principal Place of Business

715 E VINE ST
SUITE 3
KISSIMMEE FL 34744
US

Mailing Address

715 E VINE ST
SUITE 3
KISSIMMEE FL 34744
US



2. Principal Place of Business - No P.O. Box #

715 E VINE ST

3. Mailing Address

Suite, Apt. #, etc.

SUITE 20-3

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Zip

34744

Country

USA

Zip

Country

4. FEI Number

59-3348912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

HERNANDEZ, DANILO
2007 ROBERTS POINT DR
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete
NAME: HERNANDEZ, DANILO
STREET ADDRESS: 715 E. VINE ST
CITY ST ZIP: KISSIMMEE FL 34744

TITLE: D ☐ Delete
NAME: HERNANDEZ, MARIA
STREET ADDRESS: 2007 ROBERTS POINT DR
CITY ST ZIP: WINDERMERE FL 34786

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANILO HERNANDEZ

1/21/07 (407) 847 0111

Date

Daytime Phone #