

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000034716

1. Entity Name
WILLIAM H. MCELVEEN III, D.M.D., P.A.



FILED
Apr 02, 2008 08:00 AM
Secretary of State

Principal Place of Business

1980 LINCOLN DR
SUITE 1
SARASOTA, FL 34236 US

Mailing Address

1980 LINCOLN DR
SARASOTA, FL 34236 US



02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0660031	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCELVEEN, WILLIAM H 111
1980 LINCOLN DR
SARASOTA, FL 34236

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCELVEEN, WILLIAM H 1980 LINCOLN DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TORRES, LIZ 4418 SAILFISH LN PALMETTO, FL 34221
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/14/08-80029-003 150.00

**DO NOT WRITE
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 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

Date

Daytime Phone #

✓ 3-31-08