

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90105 037 ***150.00

DOCUMENT # P96000088537

1. Entity Name

MARTIN A. MEGREGIAN, D.D.S. & ASSOCIATES, P.A.



Principal Place of Business

437 E COLLEGE AVE
TALLAHASSEE, FL 32301 US

Mailing Address

217 MAIN STREET
DESTIN, FL 32541

2. Principal Place of Business

1805 Miccosukee Commons

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



06282005

Chg-P

CR2E034 (10/03)

City & State

Tallahassee FL

City & State

4. FEI Number

59-3410465

Applied For

Not Applicable

Zip

32541

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEGREGIAN, MARTIN A D.D.S.
4245 N. COURTENAY PARKWAY
MERRITT ISLAND, FL 32953

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete
NAME MEGREGIAN, MARTIN A D.D.S.
STREET ADDRESS 4245 N. COURTENAY PARKWAY
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 title empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/19/05 321 453 0300

ATTACHMENT

MARTIN A. MEGREGIAN & ASSOCIATES, PC

P96000088537
20063364

June 28, 2005

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

To Whom it May Concern:

Please accept this letter as a formal request to have the late fee of \$400.00 waived for the filing of the annual report for Martin Megregian, DDS & Associates, PC.

The office that handles all of the paperwork for Martin Megregian, DDS & Associates, PC experienced a turnover earlier in the year. Unfortunately, the notice to file the annual report had been filed in a former employee's desk and only recently recovered once we received the Notice of Intent to Dissolve.

I spoke with Cathy, an examiner, at the Florida Department of State, Division of Corporations on June 28, 2005, and she advised payment of \$150.00. If you find this to be unacceptable, please notify me at your earliest convenience, and the late fee payment of \$400.00 will be made promptly.

Thank you in advance for your consideration in this matter.

Sincerely,



Jennifer Moffatt
Assistant Controller