

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000002190

**FILED**  
**Jan 03, 2008**  
**Secretary of State**

**Entity Name:** MARIA CHATANI, D.M.D., P.A.

**Current Principal Place of Business:**

1120 SPYGLASS  
WESTON, FL 333262902 US

**New Principal Place of Business:**

4800 N.E. 20TH TERRACE  
SUITE 301 SOUTH  
FORT LAUDERDALE, FL 33308 US

**Current Mailing Address:**

MARIA CHATANI D.M.D.  
1120 SPYGLASS  
WESTON, FL 333262902 US

**New Mailing Address:**

**FEI Number:** 59-3420882      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

CHATANI, MARIA V  
1120 SPYGLASS  
WESTON, FL 333262902 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:** DPTS ( ) Delete  
**Name:** CHATANI, MARIA V  
**Address:** 1120 SPYGLASS  
**City-St-Zip:** WESTON, FL 333262902 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**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: MARIA CHATANI D.M.D.

PRES

01/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date