

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P97000050542 1. Entity Name VICTOR J. BELIVEAU, DMD, P.A.			
Principal Place of Business 9535 CITRUS SPRINGS BLVD CITRUS SPRINGS, FL 34434 US		Mailing Address 3550 SOUTH WINDING PATH INVERNESS, FL 34450	
DO NOT WRITE IN THIS SPACE			
04252007 No Chg-P CR2E034 (11/05)			
4. FEI Number 59-3458788		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELIVEAU, VICTOR J 3550 SOUTH WINDING PATH INVERNESS, FL 34450		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00		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	D BELIVEAU, VICTOR J 3550 SOUTH WINDING PATH INVERNESS, FL 34450		
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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: <u>X [Signature]</u> X 4/27/07 X 352-465-3008			