

2007 FOR PROFIT CORPORATION ANNUAL REPORT

for 10/2

DOCUMENT # F37000062399

1. Entity Name
WILLIAM J. GRAY, DDS, PA



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT 23 AM 10:31

Principal Place of Business
13281 MCGREGOR BLVD
FORT MYERS, FL 33918

Mailing Address
13281 MCGREGOR BLVD
FORT MYERS, FL 33918



02042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0771853

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY, WILLIAM J
13281 MCGREGOR BLVD
FORT MYERS, FL 33918

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRAY, WILLIAM J
STREET ADDRESS	13281 MCGREGOR BLVD.
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300111198873
10/23/07--01025--012 **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 #

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William J. Gray, D.D.S., P.A.

IMPLANT & PROSTHETIC DENTISTRY

13281 MCGREGOR BOULEVARD
FORT MYERS, FLORIDA 33919
TELEPHONE (239) 481-3335

This was the first
notice I received.

William Gray