

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90032 037 ***550.00

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1. Entity Name
PATRICIA S. COOK, D.M.D., P.A.



Principal Place of Business

917 S DORAL LANE
VENICE, FL 34293

Mailing Address

POB ~~21062~~ 19484
SARASOTA, FL 34276 US

DO NOT WRITE IN THIS SPACE



05072007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0791518

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COOK, PATRICIA S
2225 STICKNEY PT. RD.
SARASOTA, FL 34231

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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 \$550.00
Due by September 14, 2007

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
COOK, PATRICIA S
2225 STICKNEY PT. RD.
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #