

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAR -7 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000103579

1. Entity Name
DENTISTRY FOR CHILDREN AT WESTON, P.A.



Principal Place of Business
1608 TOWN CENTER BLVD
WESTON, FL 33326

Mailing Address
1608 TOWN CENTER BLVD
WESTON, FL 33326



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0799855

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

RUANE, YEDDA
1608 TOWN CENTER BLVD
WESTON, FL 33326

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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

100121223121
03/25/08--01042--004 ***17.50

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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
DMD
GOMES-RUANE, YEDDA M.
1608 TOWN CENTER BLVD
WESTON, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/08

954 3844560