## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000106847

1. Entity Name

JOHN D. HOSNER, D.D.S., P.A.



**FILED** Jan 31, 2008 08:00 Al Secretary of State

Principal Place of Business

1118 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34429 Mailing Address

1118 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34429



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DO NOT WRITE IN THIS SPACE								
				01182008	2008 No Chg-P CR2E034 (11/05)			
				4. FEI Numb		-	Applied For	
\$8°				59-355	1978	eo :	Not Applicable	
		s .	• • • • • • • • • • • • • • • • • • • •	5. Certificate	of Status Desired		75 Additional Required	
6. Name and Address of Current Registered Agent					in a marin and a	ارداء بالشياطق أيسار		
HOSNER, JOHN D 1118 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34429				4	NOT W			
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. 1 am familiar with, and accept the obligations of registered agent.								
DIOMETI INC							4	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registere	d Agen) signature requ	uired when reinstalling)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financi Trust Fund Contribution.				55.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			17 11 .	× * * * * * * * * * * * * * * * * * * *	Bet Oak	****	, jos	
TITLE	D							
NAME CTOFFT ADDRESS	HOSNER, JOHN D			· .			, , ,	
STREET ADDRESS CITY-ST-ZIP	1118 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 344289							
TITLE		<del> </del>			.*	1		
NAME			,	2 m/ 41 10	Honnois	17040	1.5	
STREET ADDRESS	<u> </u> !		, , ,		02/07/08-8	0012-024.	150.00	
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TITLE NAME i					医粗净黑 病的	(人)安徽代码	Service of	
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CITY-ST-ZIP			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	<b>第二条数据 45</b> 00			1 1 1 1 1 1 1	
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12. I hereby certify that the information supplied with this filling 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:

John D. Hosner

1125105

727-410-1041

Daytime Phone #