

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # V16153

1. Entity Name:

ERIC R. MEHLER, D.D.S., P.A.



Principal Place of Business: 7800 W OAKLAND PARK BLVD
F114
SUNRISE FL 33351
US

Mailing Address: 7800 W OAKLAND PARK BLVD
F114
SUNRISE FL 33351
US



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E034 (10/07)

4. FEI Number: 65-0322438
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
SABGHIR, JONATHAN
2398 S DIXIE HWY.
MIAMI FL 33133

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

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: _____ DATE: _____
Signature typed or printed name of registered agent (if applicable) (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution: ☐

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PST	☐ Delete		TITLE	☐ Change ☐ Addition		
NAME	MEHLER, ERIC R.			NAME			
STREET ADDRESS	1733 NW 126TH DR			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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02/07/08-80005-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 007, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Eric Mehl* 1/28/08 954 741 5006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR