


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90199 012 \*\*\*150.00

<b>DOCUMENT # V56490</b> 1. Entity Name RAUL PEREZ, D.D.S., P.A.	
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Principal Place of Business 2771-23 MONUMENT RD. JACKSONVILLE, FL 32225	Mailing Address 2771-23 MONUMENT RD. JACKSONVILLE, FL 32225
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**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3138392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, RAUL  
846 CHICOPIT LN  
JACKSONVILLE, FL 32225

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

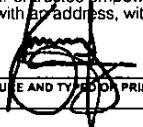
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, RAUL 846 CHICOPIT LN JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, MARIA C 846 CHICOPIT LANE JACKSONVILLE, FL 32225
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **Raul Perez, DDS** **4-27-2008** **904-645-9555**  
SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**President**