# AMENDED ANNUAL REPORT

Corporation Division
sos.oregon.gov/business

**E-FILED**
Nov 21, 2024
**OREGON SECRETARY OF STATE**

**REGISTRY NUMBER**

56754790

**REGISTRATION DATE**

12/26/2008

**BUSINESS NAME**

JACOB O LAYER, DMD, P.C.

**BUSINESS ACTIVITY**

GENERAL DENTAL OFFICE

**MAILING ADDRESS**

1485 E MCANDREWS RD
MEDFORD OR 97504 USA

**TYPE**

DOMESTIC PROFESSIONAL CORPORATION

**PRIMARY PLACE OF BUSINESS**

1485 E MCANDREWS RD
MEDFORD OR 97504 USA

**JURISDICTION**

OREGON

**REGISTERED AGENT**

CASSANDRA DAVIS

1485 E MCANDREWS RD
MEDFORD OR 97504 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

**PRESIDENT**

JACOB O LAYER

1485 E MCANDREWS RD
MEDFORD OR 97504 USA

**SECRETARY**

JACOB O LAYER

1485 E MCANDREWS RD
MEDFORD OR 97504 USA

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

**ELECTRONIC SIGNATURE**

**NAME**

CASSANDRA DAVIS

**TITLE**

OFFICE MANAGER

**DATE**

11-21-2024