

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000011606

**FILED**  
**Apr 02, 2016**  
**Secretary of State**  
**CC9769587872**

**Entity Name:** ST AUGUSTINE DENTAL SOCIETY INCORPORATED

**Current Principal Place of Business:**

1100-2 S PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

1100-2 S PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084

**FEI Number: 81-0786135**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCLELLAN, MATT A  
1100-2 S PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            T  
Name            MCLELLAN, MATT  
Address        1100-2 S PONCE DE LEON BLVD  
City-State-Zip: ST AUGUSTINE FL 32084

Title            P  
Name            DIXON, RON  
Address        1980 US HIGHWAY 1  
City-State-Zip: ST AUGUSTINE FL 32086

Title            VP  
Name            THOUSAND, ROBERT JR  
Address        10 ST JOHNS MEDICAL PARK DRIVE  
City-State-Zip: ST AUGUSTINE FL 32084

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MATTMCLELLAN@BELLSOUTH.NET**

**MGR**

**04/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date