

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED
Feb 01, 2018
Secretary of State
CC0716851431**

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: MATT MCLELLAN

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02/01/2018

Electronic Signature of Signing Officer/Director Detail

Date