

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000013115

**Entity Name:** BRISTOL DENTAL CLINIC, INC.

**Current Principal Place of Business:**

12761 NW PEA RIDGE RD  
BRISTOL, FL 32321

**Current Mailing Address:**

12761 NW PEA RIDGE RD  
BRISTOL, FL 32321 US

**FEI Number: 59-1858953**

**Certificate of Status Desired: No**

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

BONTRAGER, LABAN  
12799 NW PEA RIDGE RD  
BRISTOL, FL 32321 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 P  
Name BONTRAGER, LABAN  
Address 12799 NW PEA RIDGE RD  
City-State-Zip: BRISTOL FL 32321

Title VP  
Name BONTRAGER, JONAS  
Address 2211 W. 12TH ST  
City-State-Zip: PANAMA CITY FL 32401

Title ST  
Name BONTRAGER, MONICA  
Address 10912 NW JUDY DR  
City-State-Zip: BRISTOL FL 32321

Title D  
Name MELZER, JAMES  
Address 2078 DAIRY RD  
City-State-Zip: SNEADS FL 32460

Title D  
Name TORRES, AMELIA  
Address 19897 NE CR 274  
City-State-Zip: ALTHA FL 32421

*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: LABAN BONTRAGER**

**PRESIDENT**

**04/21/2023**

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

\_\_\_\_\_  
Date