

2022 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

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date