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 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 607, Florida Statutes; and that my name	
above, or on an attachment with all other like empowered.	

DDS

SIGNATURE: BRUCE JACOBS

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

JACOBS, BRUCE G., D.D.S. 1708 EAST HALLANDALE BEACH BOULEVARD HALLANDALE, FL 33009 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.

			0 0	0	0, ,		
	SIGNATURE	: BRUCE G. JACOBS, DDS				02/13/2019	
		Electronic Signature of Registered Agent				Date	
Officer/Director Detail :							
	Title	PD		Title	MANAGER		
	Name	JACOBS, BRUCE G., D.D.S.		Name	PRATTAS, HEATHER		
	Address	1708 E. HALLANDALE BCH		Address	1708 E HALLANDALE BEACH BL	VD	
	City-State-Zip:	HALLANDALE FL 33009		City-State-Zip:	HALLANDALE BEACH FL 33009)	

2019 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPO	т

DOCUMENT# 566928

Entity Name: BRUCE G. JACOBS, D.D.S., P.A.

Current Principal Place of Business:

1708 E HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009

Current Mailing Address:

1708 E HALLANDALE BEACH BLVD HALLANDALE BEACH. FL 33009

FEI Number: 59-1799505

Date

02/13/2019

FILED Feb 13, 2019 Secretary of State 3763667206CC

Certificate of Status Desired: No