## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 660418** 

Entity Name: BARBARA L. ALEXANDER, D.M.D., P.A.

**Current Principal Place of Business:** 

4520 HALIFAX DRIVE PORT ORANGE. FL 32127

**Current Mailing Address:** 

4520 HALIFAX DRIVE

PORT ORANGE, FL 32127 US

FEI Number: 59-1996515 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALEXANDER, BARBARA L 729 DUNLAWTON AVE PORT ORANGE, FL 32127 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

FILED Apr 23, 2014

**Secretary of State** 

CC9458097585

## Officer/Director Detail:

Title I

Name ALEXANDER, BARBARA L Address 729 DUNLAWTON AVE City-State-Zip: PT. ORANGE FL 32127

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

SIGNATURE: BARBARA L. ALEXANDER

**PRESIDENT** 

04/23/2014

Electronic Signature of Signing Officer/Director Detail

Date