

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F81245

Entity Name: SUNCOAST DENTAL CENTER, P.A.

Current Principal Place of Business:

13040 LIVINGSTON ROAD
SUITE 3
NAPLES, FL 34105

Current Mailing Address:

13040 LIVINGSTON ROAD
SUITE 3
NAPLES, FL 34105 US

FEI Number: 59-2195329

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OWENS, WILLIAM L
BOND, SCHOENECK & KING, PLLC
4001 TAMiami TRAIL NORTH SUITE 105
NAPLES, FL 34103 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: WILLIAM L OWENS

04/01/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, TREASURER
Name GOODLET, KEVIN E
Address 13040 LIVINGSTON ROAD
SUITE 3
City-State-Zip: NAPLES FL 34105

Title DIRECTOR, VP, SECRETARY
Name LOWELL, LANDON C
Address 13040 LIVINGSTON ROAD
SUITE 3
City-State-Zip: NAPLES FL 34105

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: KEVIN E GOODLET

PRESIDENT

04/01/2020

Electronic Signature of Signing Officer/Director Detail

Date