

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G32423

**Entity Name:** CHARLES W. HOFFMAN, D.M.D., P.A.

**Current Principal Place of Business:**

1200 UNIVERSITY BLVD  
SUITE 103  
JUPITER, FL 33458

**Current Mailing Address:**

1200 UNIVERSITY BLVD SUITE 103  
JUPITER, FL 33458

**FEI Number:** 59-2280436

**Certificate of Status Desired:** No

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

BIERER, REID ESQ.  
532 GULF ROAD  
NORTH PALM BEACH, FL 33408 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 PDST  
Name HOFFMAN, CHARLES WDMD  
Address 1200 UNIVERSITY BLVD SUITE 103  
City-State-Zip: JUPITER FL 33458

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:** CHARLES W HOFFMAN, DMD

PDST

03/21/2016

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

\_\_\_\_\_  
Date