

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H69533

**Entity Name:** STEEN F.T. BINDSLEV, D.D.S., P.A.

**Current Principal Place of Business:**

% STEEN F. T. BINDSLEV  
19 BALD EAGLE DRIVE  
MARCO ISLAND, FL 34145

**Current Mailing Address:**

% STEEN F. T. BINDSLEV  
19 BALD EAGLE DRIVE  
MARCO ISLAND, FL 34145

**FEI Number:** 59-2558088

**Certificate of Status Desired:** No

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

BINDSLEV, STEEN F. T.  
19 BALD EAGLE DRIVE  
MARCO ISLAND, FL 34145 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 DR  
Name BINDSLEV, STEEN F. T.  
Address 19 BALD EAGLE DRIVE  
City-State-Zip: MARCO ISLAND FL 34145

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:** STEEN F T BINDSLEV

**PRESIDENT**

**04/23/2015**

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

\_\_\_\_\_  
Date