

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J96910

**Entity Name:** MARK L. CIVIN, D.D.S., P.A.

**Current Principal Place of Business:**

5600 PGA BLVD., SUITE 102  
SUITE 102  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

5600 PGA BLVD., SUITE 102  
SUITE 102  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 65-0016772

**Certificate of Status Desired:** No

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

CIVIN, MARK L  
5600 PGA BLVD  
SUITE #102  
PALM BCH GDNS, FL 33418 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 PVS  
Name CIVIN, MARK L., D.D.S.  
Address 5600 P.G.A. BLVD #102  
City-State-Zip: PALM BCH GARDENS FL 33418

Title TD  
Name CIVIN, MARK L., D.D.S.  
Address 5600 P.G.A. BLVD #102  
City-State-Zip: PALM BCH GARDENS FL 33418

*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:** MARK L. CIVIN D.D.S., P.A

**PRESIDENT**

**04/21/2015**

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

\_\_\_\_\_  
Date