

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K14161

Entity Name: SUMMERLAND DENTAL PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

% WILLIAM TYCOLIZ JR
24986 OVERSEAS HIGHWAY
SUMMERLAND KEY, FL 33042

Current Mailing Address:

% WILLIAM TYCOLIZ JR
P O BOX 212
SUMMERLAND KEY, FL 33042 US

FEI Number: 65-0004714

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TYCOLIZ, WILLIAM LJR
24986 OVERSEAS HWY
SUMMERLAND KEY, FL 33042 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 TYCOLIZ,, WILLIAM LJR
Address P.O. BOX 212
City-State-Zip: SUMMERLAND KEY FL 33042

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: WILLIAM L. TYCOLIZ, JR.

PRESIDENT

04/18/2017

Electronic Signature of Signing Officer/Director Detail

Date