

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M88252

**Entity Name:** THE VILLAGE DENTAL CARE, P.A.

**Current Principal Place of Business:**

111 LAGRANDE BLVD.  
LADY LAKE, FL 32159

**Current Mailing Address:**

PO BOX 1900  
LADY LAKE, FL 32158-1900 US

**FEI Number:** 59-2896805

**Certificate of Status Desired:** No

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

FARRELL, EDWARD J. DMD  
111 LAGRANDE BLVD.  
LADY LAKE, FL 32159 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	PTD	Title	VP, SECRETARY, DIRECTOR
Name	FARRELL, EDWARD J	Name	HALL II, RICHARD P
Address	111 LAGRANDE BLVD.	Address	111 LAGRANDE BLVD
City-State-Zip:	LADY LAKE FL 32159	City-State-Zip:	LADY LAKE FL 32159

*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:** RICHARD P HALL II

**VICE PRESIDENT**

**03/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date