

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000017520

**Entity Name:** ALAN J. AVRIETT, D.M.D., P.A.

**Current Principal Place of Business:**

1784 E HWY 50  
CLERMONT, FL 34711

**Current Mailing Address:**

1784 E HWY 50  
CLERMONT, FL 34711

**FEI Number:** 59-3626686

**Certificate of Status Desired:** No

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

ASMA &ASMA, P.A.  
884 SOUTH DILLARD ST.  
WINTER GARDEN, FL 34787 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            D  
Name            AVRIETT, ALAN J  
Address        1784 EAST HWY 50  
City-State-Zip: CLERMONT FL 34711

*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:** ALAN J AVRIETT

**DIRECTOR**

**02/14/2014**

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

\_\_\_\_\_  
Date