| Name and Address of Current Registered Agent: | | | | | |
|--|--|-------|--------------------------|------------|--|
| FLAVIN NOONEY & PERSON 2200 S. BABCOCK STREET MELBOURNE, FL 32901 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 | : THOMAS P. FLAVIN | | | 06/11/2020 | |
| | Electronic Signature of Registered Agent | | | Date | |
| Officer/Director Detail : | | | | | |
| Title | DPTS | Title | REGISTERED AGENT | | |
| Name | LOSASSO, GLENN J | Name | FLAVIN NOONEY & PERSON C | PAS | |

Address

City-State-Zip:

Current Principal Place of Business: 2020 HWY A1A, STE 105 INDIAN HARBOR BEACH, FL 32937

DOCUMENT# P0100000338

Current Mailing Address:

2020 HWY A1A, STE 105 INDIAN HARBOR BEACH. FL 32937

FEI Number: 59-3689124

Nam

2020 HWY A1A, STE 105

City-State-Zip: INDIAN HARBOR BEACH FL 32937

Entity Name: GLENN J. LOSASSO, D.D.S., P.A.

Address

| 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: TIFFANY DOUKAS

ACCOUNTANT

06/11/2020 Date

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Signing Officer/Director Detail

FILED Jun 11, 2020 Secretary of State 4639637189CC

Certificate of Status Desired: No

2200 S. BABCOCK STREET

MELBOURNE FL 32901