

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000068231

**Entity Name:** DENTAL ARTS OF ST. LUCIE WEST, INC.

**Current Principal Place of Business:**

1420 ST. LUCIE WEST BLVD.  
105  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

1420 ST. LUCIE WEST BLVD.  
105  
PORT SAINT LUCIE, FL 34986

**FEI Number:** 11-3647247

**Certificate of Status Desired:** No

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

LAGER, ANDREW T  
4198 NW WHITE OAK WAY  
JENSEN BEACH, FL 34957 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 PD  
Name LAGER, ANDREW T  
Address 4198 NW WHITE OAK WAY  
City-State-Zip: JENSEN BEACH FL 34957

Title S  
Name LAGER, YOUNG-SHIN  
Address 4198 NW WHITE OAK WAY  
City-State-Zip: JENSEN BEACH FL 34957

*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:** ANDREW T. LAGER

**PRESIDENT**

**01/12/2017**

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

\_\_\_\_\_  
Date