## **2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000070744

Entity Name: TARAS ROUD, DMD, P.A.

**Current Principal Place of Business:** 

3319 STATE ROAD7, STE 315

WELLINGTON, FL 33449

## **Current Mailing Address:**

3319 STATE ROAD7, STE 315 WELLINGTON, FL 33449

FEI Number: 42-1598932 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ROUD, TARAS DMD PA 3319 STATE ROAD7 SUITE 315 WELLINGTON, FL 33449 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

FILED Jan 15, 2014

**Secretary of State** 

CC3732849331

## Officer/Director Detail:

Title DR.

Name ROUD, TARAS

Address 3319 STATE ROAD 7, SUITE 315

City-State-Zip: WELLINGTON FL 33449

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.