

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000086957

**Entity Name:** SHARONE V. REID, D.D.S., P.A.

**Current Principal Place of Business:**

4230 W. BROWARD BLVD  
PLANTATION, FL 33317

**Current Mailing Address:**

4230 W. BROWARD BLVD  
PLANTATION, FL 33317

**FEI Number:** 20-0164773

**Certificate of Status Desired:** No

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

REID, SHARONE V  
4230 W. BROWARD BLVD  
PLANTATION, FL 33317 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	P	Title	S
Name	REID, SHARONE V	Name	REID, SHARONE V
Address	4230 W. BROWARD BLVD	Address	4230 W. BROWARD BLVD
City-State-Zip:	PLANTATION FL 33317	City-State-Zip:	PLANTATION FL 33317

*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:** SHARONE V. REID

**PRESIDENT**

**04/03/2015**

Electronic Signature of Signing Officer/Director Detail

Date