

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000111594

**Entity Name:** SHAWN M. PERCE, D.M.D., M.S.D., P.A.

**Current Principal Place of Business:**

605 STATE ROAD 13 NORTH  
SUITE 104  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

605 STATE ROAD 13 NORTH  
SUITE 104  
JACKSONVILLE, FL 32259 US

**FEI Number:** 73-1713717

**Certificate of Status Desired:** No

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

PERCE, SHAWN M  
121 LANTERN WICK PLACE  
PONTE VEDRA BEACH, FL 32082 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 PS  
Name PERCE, SHAWN M  
Address 121 LANTERN WICK PL  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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:** SHAWN PERCE

**PRESIDENT**

**02/07/2023**

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

\_\_\_\_\_  
Date