

2015 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

PRES

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date