

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120858

Entity Name: CYPRESS POINT FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

8130 BAYMEADOWS CIR. W
103
JACKSONVILLE, FL 32256

Current Mailing Address:

8130 BAYMEADOWS CIR. W
103
JACKSONVILLE, FL 32256

FEI Number: 20-1522709

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIOS, FRANKLIN M
8130 BAYMEADOWS CIR W
STE 103
JACKSONVILLE, FL 32256 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
Name RIOS, FRANKLIN M
Address 3900 HILLSTEAD LN
City-State-Zip: JACKSONVILLE FL 32216

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: FRANKLIN M. RIOS

DENTIST99

03/20/2014

Electronic Signature of Signing Officer/Director Detail

Date