**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 18, 2014**
**Secretary of State**
**CC7871648839**

DOCUMENT# P04000125452

**Entity Name:** FREEMAN ORTHODONTICS, P.A.

**Current Principal Place of Business:**

1825 NE 45TH ST
B
FT LAUDERDALE, FL 33308

**Current Mailing Address:**

5201 NE 31ST AVE
FORT LAUDERDALE, FL 33308 US

**FEI Number: 55-0881045**

**Certificate of Status Desired:** No

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

ZIELINSKI, JASON EESQ.
800 E BROWARD BLVD.
702
FT. LAUDERDALE, FL 33301 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: JASON ZIELINSKI 03/18/2014

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | D |
| Name | FREEMAN, CHRISTOPHER SD.M.D. |
| Address | 5201 NE 31ST AVE |
| City-State-Zip: | FORT LAUDERDALE FL 33308 |

*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: CHRISTOPHER FREEMAN D 03/18/2014

Electronic Signature of Signing Officer/Director Detail — Date