

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000155004

**Entity Name:** ROBERT WALTER PAYNE, DDS, P.A.

**Current Principal Place of Business:**

3015 JEFFERSON STREET  
SUITE D  
MARIANNA, FL 32446

**Current Mailing Address:**

3015 JEFFERSON STREET  
SUITE D  
MARIANNA, FL 32446 US

**FEI Number:** 86-1125666

**Certificate of Status Desired:** No

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

PAYNE, ROBERT WDDS  
3015 JEFFERSON STREET  
SUITE D  
MARIANNA, FL 32446 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, D  
Name PAYNE, ROBERT WDDS  
Address 3015 JEFFERSON STREET; SUITE D  
City-State-Zip: MARIANNA FL 32446

Title S, T  
Name PAYNE, ROBERT WDDS  
Address 3015 JEFFERSON STREET, SUITE D  
City-State-Zip: MARIANNA FL 32446

*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:** ROBERT PAYNE

**OWNER**

**02/01/2025**

Electronic Signature of Signing Officer/Director Detail

Date