

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000003856

**Entity Name:** RYAN GALE, DDS, PA

**Current Principal Place of Business:**

3000 66TH STREET NORTH  
SUITE A  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

3000 66TH STREET NORTH  
SUITE A  
ST. PETERSBURG, FL 33710 UN

**FEI Number:** 20-2134712

**Certificate of Status Desired:** Yes

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

GALE, KENNETH R P  
3616 CASABLANCA AVE  
ST PETE BEACH, FL 33706 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            DDS  
Name            GALE, KENNETH R  
Address        3616 CASABLANCA AVE  
City-State-Zip: ST PETE BEACH FL 33706

*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:** KENNETH R GALE

DDS

01/10/2017

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

\_\_\_\_\_  
Date