

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000087904

**Entity Name:** CHRISTOPHER L. ROSS, D.M.D., M.S., P.A.

**Current Principal Place of Business:**

1550 SOUTH HIGHLAND AVE  
CLEARWATER, FL 33756

**Current Mailing Address:**

12912 HICKORYWOOD LANE  
LARGO, FL 33774

**FEI Number:** 20-5138437

**Certificate of Status Desired:** No

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

ROSS, D.M.D., M.S., CHRISTOPHER L  
1550 SOUTH HIGHLAND AVE  
CLEARWATER, FL 33756 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            D, PRESIDENT  
Name            ROSS, CHRISTOPHER L DR.  
Address        1550 SOUTH HIGHLAND AVE  
City-State-Zip: CLEARWATER FL 33756

*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 ROSS

**PRES**

**04/30/2016**

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

\_\_\_\_\_  
Date