

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000151161

Entity Name: DOUGLAS DENTISTRY, P.A.

Current Principal Place of Business:

1710 DAIQUIRI LN
LUTZ, FL 33549

Current Mailing Address:

1710 DAIQUIRI LN
LUTZ, FL 33549 US

FEI Number: 20-8013133

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOUGLAS, SHAWN J
1710 DAIQUIRI LN
LUTZ, FL 33549 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 DOUGLAS, SHAWN J
Address 1710 DAIQUIRI LN
City-State-Zip: LUTZ FL 33549

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: SHAWN DOUGLAS

PRESIDENT

02/20/2017

Electronic Signature of Signing Officer/Director Detail

Date