

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000087514

**Entity Name:** ADVANCED DENTAL CENTER, P.A.

**Current Principal Place of Business:**

6601 N DAVIS HWY  
STE 8  
PENSACOLA, FL 32504

**Current Mailing Address:**

6601 N DAVIS HWY  
STE 8  
PENSACOLA, FL 32504 US

**FEI Number: 26-0641769**

**Certificate of Status Desired: No**

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

TAYLOR, ANDREW D.D.S.  
6601 N DAVIS HWY, STE 8  
PENSACOLA, FL 32504 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 TAYLOR, ANDREW D.D.S.  
Address 6601 N DAVIS HWY, STE 8  
City-State-Zip: PENSACOLA FL 32504

Title S  
Name TAYLOR, ANDREW D.D.S.  
Address 6601 N DAVIS HWY, STE 8  
City-State-Zip: PENSACOLA FL 32504

Title T  
Name TAYLOR, ANDREW D.D.S.  
Address 6601 N DAVIS HWY, STE 8  
City-State-Zip: PENSACOLA FL 32504

Title DIR  
Name TAYLOR, ANDREW D.D.S.  
Address 6601 N DAVIS HWY, STE 8  
City-State-Zip: PENSACOLA FL 32504

*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: ANDREW TAYLOR DDS**

**PRESIDENT**

**02/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date