

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000052892

Entity Name: SOUTHWEST FAMILY DENTISTRY, PA

Current Principal Place of Business:

389 SW CHAPEL HILL STREET
LAKE CITY, FL 32025

Current Mailing Address:

389 SW CHAPEL HILL STREET
LAKE CITY, FL 32025 US

FEI Number: 26-2694080

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BATLLE, JOHN A
5210 NW 93RD AVENUE
GAINESVILLE, FL 32653 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 BATLLE, JOHN A
Address 5210 NW 93RD AVENUE
City-State-Zip: GAINESVILLE FL 32653

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: JOHN A. BATLLE, III, DMD

PRESIDENT

01/27/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date