

**2019 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

Title OFFICER  
Name BATLLE, LAURA  
Address 389 SW CHAPEL HILL STREET  
City-State-Zip: LAKE CITY FL 32025

*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

**PRESIDENT**

**01/23/2019**

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

\_\_\_\_\_  
Date