## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000071741

Entity Name: LAKESIDE DENTAL GROUP P.A.

**Current Principal Place of Business:** 

1015 N. STATE ROAD 7 SUITE B

ROYAL PALM BEACH, FL 33411

## **Current Mailing Address:**

1015 N. STATE ROAD 7 SUITE B ROYAL PALM BEACH, FL 33411

FEI Number: 26-3079903 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DEAN-BEY, GINA 1015 N STATE ROAD 7 SUITE B ROYAL PALM BEACH, FL 33411 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

FILED Apr 24, 2016

**Secretary of State** 

CC6427672853

## Officer/Director Detail:

Title PRES Title TRES

NameDEAN-BEY, GINANameCROSBY, M. CECILIAAddress1005 KENTUCKY AVENUEAddress4300 S.W. 92ND AVENUE

City-State-Zip: FORT PIERCE FL 34950 City-State-Zip: DAVIE FL 33328

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.

Electronic Signature of Signing Officer/Director Detail