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: SCOTT L CRADDOCK	SECRETARY	05/02/2016

SIGNATURE: SCOTT L. CRADDOCK

Electronic Signature of Signing Officer/Director Detail

Title PRESIDENT, DIRECTOR Title SECRETARY MERRILL, STEPHEN W Name CRADDOCK, SCOTT L Name 10 BURTON HILLS BOULEVARD Address **10 BURTON HILLS BOULEVARD** Address City-State-Zip: NASHVILLE TN 37215 City-State-Zip: NASHVILLE TN 37215 Title CFO HAMMONDS, BRIAN C Name 10 BURTON HILLS BOULEVARD Address City-State-Zip: NASHVILLE TN 37215

SIGNATURE:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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.

# Entity Name: CORRECTIONAL DENTAL ASSOCIATES OF FLORIDA, P.A.

DOCUMENT# P08000110126

### **Current Principal Place of Business:**

**10 BURTON HILLS BOULEVARD** NASHVILLE. TN 37215

### **Current Mailing Address:**

**10 BURTON HILLS BOULEVARD** NASHVILLE. TN 37215 US

## FEI Number: 26-3915757

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**Officer/Director Detail :** 

# Secretary of State CC5126962511

FILED May 02, 2016

Certificate of Status Desired: No

SECRETARY

Date

Date