#### 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000110126

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

FILED
Apr 04, 2018
Secretary of State
CC2263214244

# **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 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

 Title
 SECRETARY
 Title
 TREASURER/CFO

 Name
 IRWIN, SCOTT D.
 Name
 HAMMONDS, BRIAN C.

Address 10 BURTON HILLS BOULEVARD Address 10 BURTON HILLS BOULEVARD

City-State-Zip: NASHVILLE TN 37215 City-State-Zip: NASHVILLE TN 37215

Title PRESIDENT / DIRECTOR
Name MERRILL, STEPHEN W.

Address 10 BURTON HILLS BOULEVARD

City-State-Zip: NASHVILLE TN 37215

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 D. IRWIN

Electronic Signature of Signing Officer/Director Detail

**SECRETARY** 

04/04/2018