

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000110126

**FILED  
Apr 06, 2017  
Secretary of State  
CC2043773332**

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

**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           DIRECTOR / PRESIDENT / CEO  
Name           MERRILL, STEPHEN W.  
Address        10 BURTON HILLS BOULEVARD  
City-State-Zip: NASHVILLE TN 37215

Title           SECRETARY  
Name           CRADDOCK, SCOTT L  
Address        10 BURTON HILLS BOULEVARD  
City-State-Zip: NASHVILLE TN 37215

Title           TREASURER / CFO  
Name           HAMMONDS, BRIAN C.  
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 L. CRADDOCK**

**SECRETARY**

**04/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date