

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000038642

**Entity Name:** WESTSHORE DENTISTRY INC

**Current Principal Place of Business:**

4708 26TH STREET WEST  
BRADENTON, FL 34207

**Current Mailing Address:**

4708 26TH STREET WEST  
BRADENTON, FL 34207

**FEI Number:** 26-4779952

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOTWANI, RAJIV DR.  
4708 26TH STREET WEST  
BRADENTON, FL 34207 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:** DR. RAJIV MOTWANI

03/21/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            MOTWANI, RAJIV DR.  
Address        4708 26TH STREET WEST  
City-State-Zip: BRADENTON FL 34207

Title            MRS.  
Name            MOTWANI, JANA A  
Address        4708 26TH STREET WEST  
City-State-Zip: BRADENTON FL 34207

*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:** RAJIV MOTWANI

DENTIST/ OWNER/  
PRESIDENT

03/21/2017

Electronic Signature of Signing Officer/Director Detail

Date