

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000067497

Entity Name: KALSOW & SON DENTISTRY, INC.

Current Principal Place of Business:

14150 METROPOLIS AVE.
1
FORT MYERS, FL 33912

Current Mailing Address:

PO BOX 100667
CAPE CORAL, FL 33910 US

FEI Number: 27-0663597

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KALSOW, VALENTINA
137 SW 54TERRACE
CAPE CORAL, FL 33914 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	Title	VP
Name	KALSOW, EUGENE	Name	KALSOW, VALENTINA
Address	PO BOX 100667	Address	PO BOX 100667
City-State-Zip:	CAPE CORAL FL 33910	City-State-Zip:	CAPE CORAL FL 33910

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: VALENTINA KALSOW

VP

04/12/2015

Electronic Signature of Signing Officer/Director Detail

Date