

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000067497

Entity Name: FORT MYERS DENTAL, INC.

Current Principal Place of Business:

14150 METROPOLIS AVE.

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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

Name KALSOW, EUGENE

Address PO BOX 100667

City-State-Zip: CAPE CORAL FL 33910

Title VP

Name KALSOW, VALENTINA

Address PO BOX 100667

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

03/31/2017

Electronic Signature of Signing Officer/Director Detail

Date