

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000014403

Entity Name: ALY MORSHED, DDS P.A.

Current Principal Place of Business:

8700 FRONT BEACH ROAD
APT # 4115
PANAMA CITY BEACH, FL 32407

Current Mailing Address:

8700 FRONT BEACH ROAD
APT # 4115
PANAMA CITY BEACH, FL 32407

FEI Number: 27-2143678

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORSHED, ALY DDS
8700 FRONT BEACH ROAD
APT # 4115
PANAMA CITY BEACH, FL 32407 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 DR.
Name MORSHED, ALY DDS
Address 8700 FRONT BEACH ROAD APT #4115
City-State-Zip: PANAMA CITY BEACH FL 32407

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: ALY MORSHED

MANAGER

01/06/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date