

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000095246

**Entity Name:** COOK FAMILY DENTISTRY, P.A.

**Current Principal Place of Business:**

2441 HWY 98 WEST, SUITE 107  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

2441 HWY 98 WEST, SUITE 107  
SANTA ROSA BEACH, FL 32459

**FEI Number:** 27-4028554

**Certificate of Status Desired:** No

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

SWEARINGEN, GLENDA F  
4440 LAFAYETTE ST, SUITE G  
MARIANNA, FL 32446 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 D  
Name COOK, CASSIDY T  
Address 591 SHELTER COVE DRIVE  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** DR. CASSIDY T. COOK

**PRESIDENT**

**03/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date