

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000084601

**Entity Name:** DIXON DENTAL CONCEPTS, P.A.

**Current Principal Place of Business:**

5231 UNIVERSITY PARKWAY  
120  
UNIVERSITY PARK, FL 34201

**Current Mailing Address:**

PO BOX 52791  
SARASOTA, FL 34232

**FEI Number:** 45-3480328

**Certificate of Status Desired:** No

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

DFS AGENT, LLC  
1760 N JOG ROAD  
150  
WEST PALM BEACH, FL 33411 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 P  
Name DIXON, R. DUSTIN  
Address PO BOX 52791  
City-State-Zip: SARASOTA FL 34232

*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:** R. DUSTIN DIXON

**PRESIDENT**

**04/23/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date