

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000045691

Entity Name: ST. LUKE'S FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

100 BURNESED PLACE - SUITE 1000
OVIEDO, FL 32765

Current Mailing Address:

100 BURNESED PLACE - SUITE 1000
OVIEDO, FL 32765 US

FEI Number: 30-0738042

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WASIF, SANDRA
100 BURNESED PLACE - SUITE 1000
OVIEDO, FL 32765 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 DPST
Name WASIF, SANDRA
Address 100 BURNESED PLACE - SUITE 1000
City-State-Zip: OVIEDO FL 32765

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: SANDRA WASIF

OFFICER

03/14/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date