

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000064565

Entity Name: JACKSONVILLE ENDODONTIC ASSOCIATES, P.A.

Current Principal Place of Business:

7043 SOUTHPOINT PARKWAY SOUTH
SUITE A
JACKSONVILLE, FL 32216

Current Mailing Address:

7043 SOUTHPOINT PARKWAY SOUTH
SUITE A
JACKSONVILLE, FL 32216 US

FEI Number: 46-0668042

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MERCIER, LEE F
200 WEST FORSYTH STREET, SUITE 1100
JACKSONVILLE, FL 32202 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 CALHOUN, ANDREW J
Address 7043 SOUTHPOINT PARKWAY SOUTH
SUITE A
City-State-Zip: JACKSONVILLE FL 32216

Title S
Name NGUYEN, CHAU
Address 7043 SOUTHPOINT PARKWAY SOUTH
SUITE A
City-State-Zip: JACKSONVILLE FL 32216

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: ANDREW CALHOUN

OWNER

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date