

**2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P12000084017

**Entity Name:** BRIAN W. MAPLES, D.M.D., P.A.

**Current Principal Place of Business:**

182 GARDEN WOOD DR  
PONTE VEDRA, FL 32081

**Current Mailing Address:**

182 GARDEN WOOD DR  
PONTE VEDRA, FL 32081 US

**FEI Number:** 46-1063051

**Certificate of Status Desired:** No

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

MAPLES, BRIAN W  
182 GARDEN WOOD DR  
PONTE VEDRA, FL 32081 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 MAPLES, BRIAN W  
Address 182 GARDEN WOOD DR  
City-State-Zip: PONTE VEDRA FL 32081

*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:** BRIAN WILLIAM MAPLES

**OWNER**

**02/13/2017**

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

\_\_\_\_\_  
Date