

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000020995

Entity Name: DENTAL PLACE OF JAX,P.A.

Current Principal Place of Business:

5800 BEACH BLVD
JACKSONVILLE, FL 32207

Current Mailing Address:

PO BOX 12747
JACKSONVILLE, FL 32209

FEI Number: 46-2234573

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUNCH, NICOLE
11402 OAKLAWN RD
JACKSONVILLE, FL 32218 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 BUNCH, NICOLE
Address 11402 OAKLAWN RD
City-State-Zip: JACKSONVILLE FL 32218

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: NICOLE BUNCH

P

05/01/2014

Electronic Signature of Signing Officer/Director Detail

Date