

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000020995

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

**Current Principal Place of Business:**

5800 BEACH BLVD  
SUITE 102  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

5800 BEACH BLVD  
SUITE 102  
JACKSONVILLE, FL 32207 US

**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

04/21/2015

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

\_\_\_\_\_  
Date