

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000052521

**Entity Name:** MICHELLE SCALA, D.M.D., P.A.

**Current Principal Place of Business:**

8430 ENTERPRISE CIRCLE  
SUITE #100  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

8430 ENTERPRISE CIRCLE  
SUITE #100  
LAKEWOOD RANCH, FL 34202 US

**FEI Number:** 46-3011192

**Certificate of Status Desired:** No

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

SCALA, MICHELLE  
8430 ENTERPRISE CIRCLE  
SUITE #100  
LAKEWOOD RANCH, FL 34202 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 SCALA, MICHELLE DR.  
Address 8430 ENTERPRISE CIRCLE  
SUITE #100  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title S  
Name FRENCHMAN, SHEPHERD DR.  
Address 8430 ENTERPRISE CIRCLE  
SUITE #100  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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:** DR. SHEPHERD FRENCHMAN

**SECRETARY**

**01/28/2015**

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

\_\_\_\_\_  
Date