

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000011899

Entity Name: KIDZONE DENTISTRY, P.A.

Current Principal Place of Business:

13039 SUMMERFIELD SQUARE DRIVE
RIVERVIEW, FL 33578

Current Mailing Address:

6815 SCENIC DRIVE
APOLLO BEACH, FL 33572

FEI Number: 46-4767301

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FALEMBAN, MOUNIKA
6815 SCENIC DRIVE
APOLLO BEACH, FL 33572 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 CEO
Name FALEMBAN, MOUNIKA DR.
Address 6815 SCENIC DRIVE
City-State-Zip: APOLLO BEACH FL 33572

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: MOUNIKA FALEMBAN

CEO

01/24/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date