

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000056365

Entity Name: TOTAL DENTISTRY, P.A.

Current Principal Place of Business:

701 S. INDIANA AVE.
ENGLEWOOD, FL 34233

Current Mailing Address:

701 S. INDIANA AVE.
ENGLEWOOD, FL 34233 US

FEI Number: 83-1032865

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOWLER, CHRISTOPHER J
1819 MAIN STREET, SUITE 610
SARASOTA, FL 34236 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 DIR
Name HALE, LAWRENCE P
Address 701 S. INDIANA AVE.
City-State-Zip: ENGLEWOOD FL 34233

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: LAWRENCE P HALE

DIR

04/25/2019

Electronic Signature of Signing Officer/Director Detail

Date