

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000084713

**Entity Name:** 4 CORNERS DENTAL, P.A.

**Current Principal Place of Business:**

5733 HWY 85 NORTH, #5887  
CRESTVIEW, FL 32536

**Current Mailing Address:**

5733 HWY 85 NORTH, #5887  
CRESTVIEW, FL 32536

**FEI Number:** 87-2864706

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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:** BILL HAVRE

01/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name HEINICKE, STEVEN  
Address 5733 HWY 85 NORTH, #5887  
City-State-Zip: CRESTVIEW FL 32536

*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:** STEVEN HEINICKE

D

01/08/2024

Electronic Signature of Signing Officer/Director Detail

Date