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.

PRESIDENT

SIGNATURE: STEVEN HEINICKE

Electronic Signature of Signing Officer/Director Detail

# Current Principal Place of Business:

DOCUMENT# P21000084713

Entity Name: 4 CORNERS DENTAL, P.A.

5733 HWY 85 NORTH, #5887 CRESTVIEW, FL 32536

## **Current Mailing Address:**

5733 HWY 85 NORTH, #5887 CRESTVIEW, FL 32536

## FEI Number: 87-2864706

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

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

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	01/18/2023
	Electronic Signature of Registered Agent	Date
Officer/Director Detail -		

#### Officer/Director Detail :

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

# Certificate of Status Desired: No

01/18/2023

Date