

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000092942

Entity Name: PENSACOLA FAMILY DENTISTRY, INC.**Current Principal Place of Business:**911 GARDEN GATE CIR.
PENSACOLA, FL 32504**Current Mailing Address:**911 GARDEN GATE CIR.
PENSACOLA, FL 32504 US**FEI Number: 87-3288154****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CLARK, DEWITT
40 PALAFOX PLACE
SUITE 300
PENSACOLA, FL 32502 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	Title	VP
Name	SHEROUSE, WESLEY	Name	SANTORA, CODY
Address	6592 ALLISON WAY	Address	2200 MOUNTAIN VIEW RD
City-State-Zip:	PACE FL 32571	City-State-Zip:	BIRMINGHAM AL 35210
Title	SEC	Title	T
Name	SANTORA, CODY	Name	SHEROUSE, WESLEY
Address	2200 MOUNTAIN VIEW RD	Address	6592 ALLISON WAY
City-State-Zip:	BIRMINGHAM AL 35210	City-State-Zip:	PACE FL 32571

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: WESLEY A SHEROUSE**PRESIDENT****01/24/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date