

**2023 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:** No

**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  
Name SHEROUSE, WESLEY  
Address 6592 ALLISON WAY  
City-State-Zip: PACE FL 32571

Title VP  
Name SANTORA, CODY  
Address 6269 SONOMA LANE  
City-State-Zip: PENSACOLA FL 32526

Title SEC  
Name SANTORA, CODY  
Address 6269 SONOMA LANE  
City-State-Zip: PENSACOLA FL 32526

Title T  
Name SHEROUSE, WESLEY  
Address 6592 ALLISON WAY  
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 SHEROUSE

**OWNER**

**01/12/2023**

Electronic Signature of Signing Officer/Director Detail

Date