

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000054857

**Entity Name:** MAJESTIC DENTAL ARTS, INC.

**Current Principal Place of Business:**

8411 SW 60TH AVE  
BUSHNELL, FL 33513

**Current Mailing Address:**

8411 SW 60TH AVE  
BUSHNELL, FL 33513

**FEI Number:** 59-3387392

**Certificate of Status Desired:** No

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

FUCARINO, MORRIS D.  
8411 SW 60 AV  
BUSHNELL, FL 33513 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 MR  
Name FUCARINO, MORRIS D.  
Address 8411 SW 60TH AVE  
City-State-Zip: BUSHNELL FL 33513

*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:** MORRIS D. FUCARINO

**PRESIDENT**

**02/27/2014**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date