

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000098744

**Entity Name:** FLORIDA DENTAL ASSOCIATES, INC.

**Current Principal Place of Business:**

3943 SO NOVA ROAD  
PORT ORANGE, FL 32129

**Current Mailing Address:**

POST OFFICE BOX 291549  
PORT ORANGE, FL 32129

**FEI Number:** 59-3414467

**Certificate of Status Desired:** No

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

SIMPSON, SCOTT E  
595 WEST GRANADA BLVD. STE A  
ORMOND BEACH, FL 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 D  
Name SIMPSON, SCOTT E  
Address 595 W. GRANADA BLVD. STE A  
City-State-Zip: ORMOND BEACH FL 32174

Title PST  
Name HONERLAW, CARL M  
Address 3943 S. NOVA ROAD  
City-State-Zip: PORT ORANGE FL 32124

*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:** CARL M HONERLAW

P/S/T

04/24/2017

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

\_\_\_\_\_  
Date