

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000104299

**Entity Name:** EDSON G. BUSTAMANTE, D.M.D., P.A.

**Current Principal Place of Business:**

11944 SHELDON RD.  
TAMPA, FL 33626

**Current Mailing Address:**

11944 SHELDON RD.  
TAMPA, FL 33626

**FEI Number:** 59-3416339

**Certificate of Status Desired:** No

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

BUSTAMANTE, EDSON G  
11944 SHELDON RD.  
TAMPA, FL 33626 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 PT  
Name BUSTAMANTE, EDSON G  
Address 11944 SHELDON ROAD  
City-State-Zip: TAMPA FL 33626

Title VS  
Name BUSTAMANTE, DONNA N  
Address 11944 SHELDON RD.  
City-State-Zip: TAMPA FL 33626

*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:** EDSON BUSTAMANTE

**OWNER**

**01/30/2018**

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

\_\_\_\_\_  
Date