

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000081273

**Entity Name:** DEERFIELD FAMILY DENTAL, INC.

**Current Principal Place of Business:**

100 SOUTH MILITARY TRAIL  
4  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

100 SOUTH MILITARY TRAIL  
4  
DEERFIELD BEACH, FL 33442

**FEI Number:** 65-0782230

**Certificate of Status Desired:** No

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

POULERIGUEN, ALAIN  
100 SOUTH MILITARY TRAIL  
4  
DEERFIELD BEACH, FL 33442 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 POULERIGUEN, ALAIN  
Address 100 SOUTH MILITARY TRAIL  
City-State-Zip: DEERFIELD BEACH FL 33442

Title VP  
Name FESTA, ANTONIO  
Address 100 SOUTH MILITARY TRAIL  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** ALAIN POULERIGUEN

**PRESIDENT**

**02/26/2015**

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

\_\_\_\_\_  
Date