

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000008759

Entity Name: BRIAN W. HAZEN, D.M.D., P.A.

Current Principal Place of Business:

410 LAKEBRIDGE PLAZA DR
ORMOND BEACH, FL 32174

Current Mailing Address:

410 LAKEBRIDGE PLAZA DR
ORMOND BEACH, FL 32174

FEI Number: 59-3493875

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAZEN, BRIAN W
410 LAKEBRIDGE PLAZA DR
ORMOND BEACH, FL 32174 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 STPD
Name HAZEN, BRIAN
Address 410 LAKEBRIDGE PLAZA DR
City-State-Zip: ORMOND BEACH FL 32174

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: BRIAN W HAZEN

OFFICER

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date