

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000047011

**Entity Name:** MARC V. CAUCHON, D.M.D., P.A.

**Current Principal Place of Business:**

14601 NW 140 ST.  
ALACHUA, FL 32615

**Current Mailing Address:**

P.O. BOX 1478  
ALACHUA, FL 32616

**FEI Number:** 59-3505778

**Certificate of Status Desired:** No

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

CAUCHON, MARC VDMD  
14601 NW 140 ST.  
ALACHUA, FL 32616 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            CAUCHON, MARC VDMD  
Address        14601 NW 140 ST.  
City-State-Zip: ALACHUA FL 32615

*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:** MARC V. CAUCHON, DMD

**PRESIDENT**

**03/10/2015**

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

\_\_\_\_\_  
Date