

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000076584

**Entity Name:** SHARON BOWERS MCCRARY, D.M.D., P.A.

**Current Principal Place of Business:**

3231 SOUTH RIDGEWOOD AVENUE  
SOUTH DAYTONA, FL 32119

**Current Mailing Address:**

3231 SOUTH RIDGEWOOD AVENUE  
SOUTH DAYTONA, FL 32119

**FEI Number:** 59-3531551

**Certificate of Status Desired:** No

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

MCCRARY, SHARON BD.M.D.  
3231 SOUTH RIDGEWOOD AVENUE  
SOUTH DAYTONA, FL 32119 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            MCCRARY, SHARON B  
Address        133 CORAL CIRCLE  
City-State-Zip: SOUTH DAYTONA FL 32119

*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:** SHARON MCCRARY

DENTIST

04/30/2019

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

\_\_\_\_\_ Date