

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000005552

**Entity Name:** DR. VIRGINIA M. NOCE, D.D.S., P.A.

**Current Principal Place of Business:**

510 NW 84TH AVE.  
#414  
PLANTATION, FL 33324

**Current Mailing Address:**

510 NW 84TH AVE.  
#414  
PLANTATION, FL 33324 US

**FEI Number:** 65-0895720

**Certificate of Status Desired:** No

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

NOCE, VIRGINIA MD.D.S.  
510 NW 84TH AVE.  
#414  
PLANTATION, FL 33324 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 DR.  
Name NOCE, VIRGINIA MDDS  
Address 510 NW 84TH AVE.  
#414  
City-State-Zip: PLANTATION FL 33324

*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:** DR. VIRGINIA M. NOCE

DDS

01/21/2015

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

\_\_\_\_\_  
Date