

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000049391

**Entity Name:** LECOMPTE ORTHODONTICS, P.A.

**Current Principal Place of Business:**

3890 TURTLE CREEK DR., SUITE A  
PORT ORANGE, FL 32127

**Current Mailing Address:**

3890 TURTLE CREEK DR., SUITE A  
PORT ORANGE, FL 32127

**FEI Number:** 59-3578526

**Certificate of Status Desired:** No

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

LECOMPTE, E. JOSEPH  
3890 TURTLE CREEK DR., SUITE A  
PORT ORANGE, FL 32127 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 LECOMPTE, JOSEPH EDR  
Address 3890 TURTLE CREEK DR., SUITE A  
City-State-Zip: PORT ORANGE FL 32127

*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:** E JOSEPH LECOMPTE

**PRESIDENT**

**02/07/2019**

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

\_\_\_\_\_  
Date