

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S01291

**Entity Name:** AGERICO M. SAYOC, D.M.D., M.S.D., P.A.

**Current Principal Place of Business:**

13167 ATLANTIC BLVD.  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

13167 ATLANTIC BLVD.  
JACKSONVILLE, FL 32225

**FEI Number: 59-3036521**

**Certificate of Status Desired: No**

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

SAYOC, AGERICO MDMD  
4940 BLANDING BLVD  
JACKSONVILLE, FL 32210 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           DMD  
Name           SAYOC, AGERICO M.  
Address        8942 IRONGATE DRIVE  
City-State-Zip: JACKSONVILLE FL 32244

*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: AGERICO M SAYOC DMD MSD**

**DIRECTOR**

**02/08/2013**

Electronic Signature of Signing Officer/Director Detail

Date