

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051960

Entity Name: DRS. CHICHETTI, TORGERSON & HARTLEY, P.L.

Current Principal Place of Business:

1305 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308-7915

Current Mailing Address:

1305 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308-7915

FEI Number: 26-0189155

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIERCE, ROBERT A
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301-1517 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

Authorized Person(s) Detail :

Title DR
Name TORGERSON, NEIL E
Address 1305 THOMASWOOD DR
City-State-Zip: TALLAHASSEE FL 32308

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NEIL E. TORGERSON, DMD

CO OWNER

01/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date