## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041998

Entity Name: PARKINSON DENTISTRY, PL

**Current Principal Place of Business:** 

10465 GIBSONTON DRIVE RIVERVIEW, FL 33578

**Current Mailing Address:** 

1708 SOUTH HABANA AVE. TAMPA, FL 33629 US

FEI Number: 26-2504696 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROTHBURD, CRAIG ESQUIRE 320 W. KENNEDY BLVD. SUITE #700 TAMPA, FL 33606 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: CRAIG ROTHBURD 01/31/2017

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MGR

Name PARKINSON, ROBERT WDMD
Address 1708 SOUTH HABANA AVENUE

City-State-Zip: TAMPA FL 33629

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.

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 31, 2017

**Secretary of State** 

CC2298890044

**MGR**