

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 465538

**Entity Name:** COTSONAS & LUKE, D.D.S., P.A.

**Current Principal Place of Business:**

5057 S. CONGRESS AVE.  
SUITE 401  
ATLANTIS, FL 33461

**Current Mailing Address:**

5057 S. CONGRESS AVE.  
SUITE 401  
ATLANTIS, FL 33461 US

**FEI Number:** 59-1579569

**Certificate of Status Desired:** No

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

LUKE, JANICE  
5057 S. CONGRESS AVE.  
SUITE 401  
ATLANTIS, FL 33461 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 PD  
Name COTSONAS , LILLI  
Address 5057 S. CONGRESS AVE.  
City-State-Zip: ATLANTIS FL 33461

Title VD  
Name LUKE, JANICE  
Address 5057 S. CONGRESS AVE.  
City-State-Zip: ATLANTIS FL 33461

*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:** JANICE LUKE-COWEN

VP

02/12/2014

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

\_\_\_\_\_  
Date