

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 489400

**Entity Name:** LEBEAU FAMILY DENTISTRY, P.A.

**Current Principal Place of Business:**

1401 NORTH PALAFOX STREET  
PENSACOLA, FL 32501

**Current Mailing Address:**

1401 NORTH PALAFOX STREET  
PENSACOLA, FL 32501 US

**FEI Number:** 59-1615230

**Certificate of Status Desired:** No

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

LEBEAU, ANDRE M  
1401 NORTH PALAFOX STREET  
PENSACOLA, FL 32501 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:** ANDRE LEBEAU

02/02/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name LEBEAU, ANDRE M  
Address 1401 NORTH PALAFOX STREET  
City-State-Zip: PENSACOLA FL 32501

Title VP,T  
Name LEBEAU, KELLY H  
Address 1401 NORTH PALAFOX STREET  
City-State-Zip: PENSACOLA FL 32501

*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:** KELLY LEBEAU

VP

02/02/2023

Electronic Signature of Signing Officer/Director Detail

Date