

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 525231

**Entity Name:** JOHN C. GILMORE, JR., D.M.D., P.A.

**Current Principal Place of Business:**

1759 CREIGHTON RD  
PENSACOLA, FL 32504

**Current Mailing Address:**

1759 CREIGHTON RD  
PENSACOLA, FL 32504

**FEI Number:** 59-1783017

**Certificate of Status Desired:** No

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

GILMORE, MARGARET J  
1759 CREIGHTON ROAD  
PENSACOLA, FL 32504 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:** MARGARET J. GILMORE

04/17/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | PD                 | Title           | VP                 |
| Name            | GILMORE, JOHN JR.  | Name            | GILMORE, BRUCE C   |
| Address         | 1759 CREIGHTON RD  | Address         | 1759 CREIGHTON RD  |
| City-State-Zip: | PENSACOLA FL 32504 | City-State-Zip: | PENSACOLA FL 32504 |

|                 |                     |
|-----------------|---------------------|
| Title           | ST                  |
| Name            | GILMORE, MARGARET J |
| Address         | 1759 CREIGHTON RD   |
| City-State-Zip: | PENSACOLA FL 32504  |

*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:** MARGARET J GILMORE

ST

04/17/2014

Electronic Signature of Signing Officer/Director Detail

Date