

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 556679

Entity Name: LAWTON ORTHODONTICS, P.A.

Current Principal Place of Business:

201 N LAKEMONT AVE
400
WINTER PARK, FL 32792

Current Mailing Address:

201 N LAKEMONT AVE
400
WINTER PARK, FL 32792

FEI Number: 59-1783253

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAWTON, BRETT T
201 NORTH LAKEMONT AVE
WINTER PARK, FL 32792 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 DR
Name LAWTON, BRETT T
Address 201 N LAKEMONT AVE #400
City-State-Zip: WINTER PARK FL 32792

Title PST
Name LAWTON, THOMAS C
Address 201 N LAKEMONT AVE #400
City-State-Zip: WINTER PARK FL 32792

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: BRETT T LAWTON

PRESIDENT

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date