

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 604183

**Entity Name:** ROBERT D. FOLLWEILER, D.D.S., P.A.

**Current Principal Place of Business:**

901 E. OCEAN BOULEVARD  
STUART, FL 34994

**Current Mailing Address:**

901 E. OCEAN BOULEVARD  
STUART, FL 34994

**FEI Number:** 59-1936354

**Certificate of Status Desired:** No

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

FOLLWEILER, ROBERT D  
901 E OCEAN BLVD  
STUART, FL 34994 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 PS  
Name FOLLWEILER, ROBERT D  
Address 901 E OCEAN BLVD  
City-State-Zip: STUART FL 34994

*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:** ROBERT D FOLLWEILER

DDS

03/18/2014

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

\_\_\_\_\_ Date