

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 666360

Entity Name: RAWSON AND BRAXTON ORAL AND MAXILLOFACIAL
SURGERY ASSOCIATES OF WEST FLORIDA, P.A.

Current Principal Place of Business:

5075 CARPENTER'S CREEK DR
PENSACOLA, FL 32503

Current Mailing Address:

5075 CARPENTER'S CREEK DRIVE
PENSACOLA, FL 32503 US

FEI Number: 59-1990356

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATTHEWS, EDESEL F., JR.
308 S JEFFERSON
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, TREASURER
Name CHICOLA, ANTHONY E
Address 5075 CARPENTER'S CREEK DRIVE
City-State-Zip: PENSACOLA FL 32503

Title PRESIDENT, DIRECTOR
Name BRAXTON, MARK T
Address 5075 CARPENTER'S CREEK DRIVE
City-State-Zip: PENSACOLA FL 32503

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: ANTHONY E CHICOLA

PARTNER/OWNER

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date