

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F86998

**Entity Name:** J. WAYNE DELUCIA, D.D.S., P.A.

**Current Principal Place of Business:**

% J. WAYNE DELUCIA, D.D.S.  
2204 ROGERO RD  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

% J. WAYNE DELUCIA, D.D.S.  
4449 HARBOUR NORTH CT  
JACKSONVILLE, FL 32225

**FEI Number:** 59-2207423

**Certificate of Status Desired:** No

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

DELUCIA, J. WAYNE D.D.S.  
4449 HARBOUR NORTH CT  
JACKSONVILLE, FL 32225 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 P  
Name DELUCIA, J. WAYNE  
Address 4449 HARBOUR NORTH CT  
City-State-Zip: JACKSONVILLE FL 32225

Title V  
Name DELUCIA, MICHAEL W D.M.D.  
Address 2204 ROGERO RD  
City-State-Zip: JACKSONVILLE FL 32211

Title T  
Name DELUCIA, THERESA W  
Address 2204 ROGERO RD  
City-State-Zip: JACKSONVILLE FL 32211

*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:** J. WAYNE DELUCIA, D.D.S.

**PRESIDENT**

**04/09/2018**

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

\_\_\_\_\_  
Date