

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G05345

Entity Name: T.M. MCHENRY, D.D.S., P.A.

Current Principal Place of Business:

214 E EAU GALLIE BLVD
INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

214 E EAU GALLIE BLVD
INDIAN HARBOUR BEACH, FL 32937 US

FEI Number: 59-2227585

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCHENRY, THOMAS MDDS
214 E. EAU GALLIE BLVD.
INDIAN HARBOUR BEACH, FL 32937 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 PST
Name MCHENRY DDS, T MICHAEL
Address 214 EAU GALLIE BLVD EAST
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title AS
Name MCHENRY, DEBORAH F
Address 214 EAU GALLIE BLVD EAST
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title D
Name MCHENRY, THOMAS M
Address 214 EAU GALLIE BLVD EAST
City-State-Zip: INDIAN HARBOUR BEACH FL

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: THOMAS MCHENRY, DDS

PRES

04/04/2016

Electronic Signature of Signing Officer/Director Detail

Date