

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G36529

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC6096302672**

**Entity Name:** RUSSELL B. STOCH, D.M.D., P.A.

**Current Principal Place of Business:**

840 US HIGHWAY 1  
STE 200  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

840 US HIGHWAY 1  
STE 200  
NORTH PALM BEACH, FL 33408

**FEI Number:** 59-2280173

**Certificate of Status Desired:** No

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

STOCH, RUSSELL B., D.M.D.  
840 US HIGHWAY 1  
STE 200  
NORTH PALM BEACH, FL 33408 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            STOCH, RUSSELL B., D.M.D  
Address        840 US HIGHWAY 1, STE 200  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            DIRECTOR  
Name            STOCH, RUSSELL B  
Address        840 US HIGHWAY 1  
                  STE 200  
City-State-Zip: NORTH PALM BEACH FL 33408

*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:** RUSSELL B. STOCH, D.M.D.

**PRESIDENT**

**01/13/2015**

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

\_\_\_\_\_  
Date