

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H10217

**Entity Name:** M. PATRICK ARDOIN II, D.D.S., P.A.

**Current Principal Place of Business:**

% PROSTHODONTIC ASSOCIATES  
3106 MANATEE AVE. WEST  
BRADENTON, FL 34205

**Current Mailing Address:**

% PROSTHODONTIC ASSOCIATES  
3106 MANATEE AVE. WEST  
BRADENTON, FL 34205

**FEI Number:** 59-2431423

**Certificate of Status Desired:** No

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

ARDOIN, PATRICK M  
3106 MANATEE AVE. WEST  
BRADENTON, FL 34205 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 VP  
Name ARDOIN, MERVIN P.  
Address 3106 MANATEE AVE W.  
City-State-Zip: BRADENTON FL 34205

*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:** MERVIN P ARDOIN

VP

02/12/2016

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

\_\_\_\_\_  
Date