

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H59657

**Entity Name:** JAMES T. CROWTHER, D.M.D., P.A.

**Current Principal Place of Business:**

DR. JAMES T. CROWTHER  
272 E. GRAVES AVE.  
ORANGE CITY, FL 32763

**Current Mailing Address:**

DR. JAMES T. CROWTHER  
272 E. GRAVES AVE.  
ORANGE CITY, FL 32763

**FEI Number:** 59-2541612

**Certificate of Status Desired:** No

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

CROWTHER, JAMES T.  
DR. JAMES T. CROWTHER  
272 E. GRAVES AVE.  
ORANGE CITY, FL 32763 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 PVTS  
Name CROWTHER, JAMES T  
Address 272 E. GRAVES AVE.  
City-State-Zip: ORANGE CITY FL 32763

*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:** JAMES T. CROWTHER

PVTS

04/26/2014

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

\_\_\_\_\_  
Date