

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H63645

**Entity Name:** GREG T. RUSSELL, D.M.D., P.A.

**Current Principal Place of Business:**

2520 U S 1 SOUTH  
SAINT AUGUSTINE, FL 32086

**Current Mailing Address:**

P O BOX 3184  
ST AUGUSTINE, FL 32085

**FEI Number:** 59-2495436

**Certificate of Status Desired:** No

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

RUSSELL, D.M.D., GREG T.  
2520 U S 1 SOUTH  
ST AUGUSTINE, FL 32086 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:** GREG T. RUSSELL, D.M.D.

01/23/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name RUSSELL, D.M.D., GREG T.  
Address 2520 U S 1 SOUTH  
City-State-Zip: SAINT AUGUSTINE FL 32086

*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:** GREG T RUSSELL, D.M.D.

PRESIDENT/DENTIST

01/23/2018

Electronic Signature of Signing Officer/Director Detail

Date