

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H63645

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

Current Principal Place of Business:

2535 U S 1 SOUTH
SUITE 2
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.
2535 U S 1 SOUTH
SUITE 2
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.

02/12/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name RUSSELL, D.M.D., GREG T.
Address 2535 U S 1 SOUTH SUITE 2
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.

02/12/2014

Electronic Signature of Signing Officer/Director Detail

Date