

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J31611

Entity Name: ROBERT E. KAROL, D.M.D, P.A.

Current Principal Place of Business:

2103 SAWGRASS VILLAGE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

2103 SAWGRASS VILLAGE
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 59-2710777

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLBROOK, H. LEON
2301 INDEPENDENT SQUARE
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202 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 DP
Name KAROL, ROBERT E.
Address 2103 SAWGRASS VILLAGE
City-State-Zip: PONTE VEDRA BEACH, FL 32082

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: ROBERT E. KAROL , D.M.D.

PERIODONTIST / OWNER 02/21/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date