

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J97782

**Entity Name:** CROSSROADS DENTAL CENTER, P.A.

**Current Principal Place of Business:**

C/O JEFFREY KANE  
11634 N. KENDALL DRIVE  
MIAMI, FL 33176

**Current Mailing Address:**

C/O JEFFREY KANE  
11634 N. KENDALL DRIVE  
MIAMI, FL 33176

**FEI Number:** 59-2856827

**Certificate of Status Desired:** No

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

KANE, JEFFREY  
11634 N. KENDALL DRIVE  
MIAMI, FL 33176 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            PRESIDENT  
Name            KANE, JEFFREY  
Address        11634 N. KENDALL DR.  
City-State-Zip: MIAMI FL 33176

Title            DIRECTOR  
Name            KANE, FREDERICK  
Address        11634 N. KENDALL DRIVE  
City-State-Zip: MIAMI FL 33176

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:** JEFFREY KANE

**PRESIDENT**

**01/13/2015**

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

\_\_\_\_\_  
Date