

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K44468

Entity Name: NORTHEAST DENTAL CARE, SMILEY & BERSOT, P.A.

Current Principal Place of Business:

13905 BRUCE B. DOWNS BLVD.
SUITE A
TAMPA, FL 33613

Current Mailing Address:

13905 BRUCE B. DOWNS BLVD.
SUITE A
TAMPA, FL 33613

FEI Number: 59-2918544

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERSOT, ROBERT O.
13905 BRUCE B. DOWNS BLVD.
SUITE A
TAMPA, FL 33613 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 PSD
Name BERSOT, ROBERT O.
Address 13905 BRUCE B. DOWNS BLV
City-State-Zip: TAMPA FL

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 O BERSOT

PRES

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date