

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000020184

**Entity Name:** YVETTE GODET, D.M.D., P.A.

**Current Principal Place of Business:**

126 NW 76TH DRIVE SUITE A  
GAINESVILLE, FL 32607

**Current Mailing Address:**

126 NW 76TH DRIVE SUITE A  
GAINESVILLE, FL 32607

**FEI Number:** 59-3625229

**Certificate of Status Desired:** No

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

GODET, YVETTE D.M.D  
126 N.W. 76TH DR., STE. A  
GAINESVILLE, FL 32607 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 DR  
Name GODET, YVETTE D.M.D.  
Address 126 N.W. 76TH DR., STE. A  
City-State-Zip: GAINESVILLE FL 32607

*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:** YVETTE GODET DMD

**OWNER DENTIST**

**02/11/2020**

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

\_\_\_\_\_ Date