

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000054754

Entity Name: JAMES E. CHERRY, D.M.D., P.A.

Current Principal Place of Business:

4100 SOUTHPOINT DRIVE EAST
SUITE 5
JACKSONVILLE, FL 32216

Current Mailing Address:

4100 SOUTHPOINT DRIVE EAST
SUITE 5
JACKSONVILLE, FL 32216

FEI Number: 59-3650262

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JAMES E. CHERRY, D.M.D.
4100 SOUTHPOINT DRIVE EAST
SUITE 5
JACKSONVILLE, FL 32216 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 PRES
Name CHERRY, JAMES EDMD
Address 4100 SOUTHPOINT DRIVE EAST
 SUITE 5
City-State-Zip: JACKSONVILLE FL 32216

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: JAMES E CHERRY

DMD

02/11/2016

Electronic Signature of Signing Officer/Director Detail

Date