

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000074937

**Entity Name:** MARILYN C. SANDOR D.D.S., M.S., P.A.

**Current Principal Place of Business:**

4529 EXECUTIVE DRIVE  
SUITE 101  
NAPLES, FL 34119

**Current Mailing Address:**

4529 EXECUTIVE DRIVE  
SUITE 101  
NAPLES, FL 34119

**FEI Number:** 59-3682872

**Certificate of Status Desired:** No

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

SANDOR, MARILYN CDR.  
4529 EXECUTIVE DRIVE  
SUITE 101  
NAPLES, FL 34119 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 PO  
Name SANDOR, MARILYN CDR.  
Address 4529 EXECUTIVE DRIVE, SUITE 101  
City-State-Zip: NAPLES FL 34120

*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:** MARILYN C SANDOR

**PRESIDENT**

**04/16/2013**

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

\_\_\_\_\_  
Date