

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000081899

**Entity Name:** FISHHAWK FAMILY DENTAL, P.A.

**Current Principal Place of Business:**

16211 FISHHAWK BLVD  
LITHIA, FL 33547

**Current Mailing Address:**

16211 FISHHAWK BLVD  
LITHIA, FL 33547

**FEI Number: 59-3666344**

**Certificate of Status Desired: No**

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

GASSMAN, ALAN SESQ.  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 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	Title	DR
Name	JOHNSON, MARC R	Name	JUDSON, CHRISTOPHER G
Address	16211 FISHHAWK BLVD	Address	16211 FISHHAWK BLVD
City-State-Zip:	LITHIA FL 33547	City-State-Zip:	LITHIA FL 33547
Title	DR		
Name	ANDERSON, FREDERICK D		
Address	16211 FISHHAWK BLVD		
City-State-Zip:	LITHIA FL 33547		

*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: MARC R JOHNSON**

**DENTIST**

**03/27/2023**

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

\_\_\_\_\_  
Date