I hereby certify that the information indicated on this report or supplemental report is true and acc oath; that I am an officer or director of the corporation or the receiver or trustee empowered to ex		
above, or on an attachment with all other like empowered.		
SIGNATURE ABDONEY MARK A DR	OWNER	03/04/2020

SIGNATURE: ABDONEY, MARK A, DR.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: MARK A ABDONEY

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	OWNER
Name	ABDONEY, MARK A DR.
Address	2714 W AZEELE ST.
City-State-Zip:	TAMPA FL 33609

DOCUMENT# P00000117903

Entity Name: ABDONEY PERIODONTICS AND IMPLANT DENTISTRY, P.A.

Current Principal Place of Business:

2714 W AZEELE ST. TAMPA, FL 33609

Current Mailing Address:

2714 W AZEELE ST. TAMPA, FL 33609

FEI Number: 59-3694631

Name and Address of Current Registered Agent:

ABDONEY, MARK A DR. 2714 W AZEELE ST. TAMPA, FL 33609 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.

Certificate of Status Desired: No

03/04/2020 Date

FILED Mar 04, 2020 Secretary of State 9488328414CC

OWNER