

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000117911

**Entity Name:** ABDONEY PEDIATRIC DENTISTRY, P.A.

**Current Principal Place of Business:**

2220 E. BLOOMINGDALE AVE., STE. A  
VALRICO, FL 33596

**Current Mailing Address:**

2220 E. BLOOMINGDALE AVE., STE. A  
VALRICO, FL 33596

**FEI Number: 58-2597943**

**Certificate of Status Desired: No**

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

ABDONEY, MATTHEW FDR  
2220 E. BLOOMINGDALE AVE., STE. A  
VALRICO, FL 33596 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            D  
Name            ABDONEY, MATTHEW FDR  
Address        2220 E. BLOOMINGDALE AVE., STE. A  
  
City-State-Zip: VALRICO FL 33596

*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: MATTHEW ABDONEY**

**PRESIDENT**

**03/21/2014**

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

\_\_\_\_\_ Date