

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000010851

**Entity Name:** JAMES M. HOLLOWAY, D.D.S.,P.A.

**Current Principal Place of Business:**

16 DEL PRADO BOULEVARD SOUTH  
CAPE CORAL, FL 33990

**Current Mailing Address:**

16 DEL PRADO BOULEVARD SOUTH  
CAPE CORAL, FL 33990

**FEI Number:** 65-1077245

**Certificate of Status Desired:** No

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

HOLLOWAY, JAMES MD.D.S.  
16 DEL PRADO BOULEVARD SOUTH  
CAPE CORAL, FL 33990 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            HOLLOWAY, JAMES MD.D.S.  
Address        16 DEL PRADO BOULEVARD SOUTH  
City-State-Zip: CAPE CORAL FL 33990

*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 M HOLLOWAY DDS

**PRESIDENT**

**02/11/2017**

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

\_\_\_\_\_ Date