

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000012671

**Entity Name:** TIOGA DENTAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

13005 SW 1ST ROAD  
SUITE 233  
GAINESVILLE, FL 32669

**Current Mailing Address:**

13005 SW 1ST ROAD  
SUITE 233  
JONESVILLE, FL 32669

**FEI Number:** 59-3691043

**Certificate of Status Desired:** No

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

BRUSH, MATTHEW T  
13005 SW 1ST ROAD  
SUITE 233  
JONESVILLE, FL 32669 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            PRES  
Name            BRUSH, CYNTHIA DDMD  
Address        13005 SW 1ST ROAD, STE 233  
City-State-Zip: JONESVILLE FL 32669

Title            CEO  
Name            BRUSH, MATTHEW T  
Address        13005 SW 1ST ROAD, STE 233  
City-State-Zip: JONESVILLE FL 32669

*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 BRUSH

**CEO**

**04/06/2017**

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

\_\_\_\_\_  
Date