

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000027569

Entity Name: STUART FRANCIS BONNIN, DMD, P.A.

Current Principal Place of Business:

504 NAVY COVE BLVD
GULF BREEZE, FL 32561

Current Mailing Address:

504 NAVY COVE BLVD
GULF BREEZE, FL 32561 US

FEI Number: 59-3715535

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BONNIN, STU F
504 NAVY COVE BLVD
GULF BREEZE, FL 32561 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: STU BONNIN

02/03/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title MANAGER
Name BONNIN, STUART F
Address 504 NAVY COVE BLVD.
City-State-Zip: GULF BREEZE FL 32561

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: STUART BONNIN

OWNER

02/03/2023

Electronic Signature of Signing Officer/Director Detail

Date