

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000029169

**Entity Name:** STEPHANIE N. MAPP, D.M.D., P.A.

**Current Principal Place of Business:**

1515 BUSINESS CENTER DRIVE  
SUITE 1  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

1515 BUSINESS CENTER DRIVE  
SUITE 1  
FLEMING ISLAND, FL 32003 US

**FEI Number:** 59-3736546

**Certificate of Status Desired:** No

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

MAPP, STEPHANIE N  
2711 SHADE TREE DR  
FLEMING ISLAND, FL 32003 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 DR  
Name MAPP, STEPHANIE N  
Address 2711 SHADE TREE DR  
City-State-Zip: FLEMING ISLAND FL 32003

*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:** STEPHANIE MAPP

**PRESIDENT**

**04/30/2015**

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

\_\_\_\_\_  
Date