

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000097635

**Entity Name:** JILL A. REED, D.M.D., P.A.

**Current Principal Place of Business:**

660 NE 95 ST  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

660 NE 95 ST  
5  
MIAMI SHORES, FL 33138

**FEI Number:** 65-1144611

**Certificate of Status Desired:** No

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

KELLEY, CHRISTOPHER P  
11098 BISCAYNE BLVD, STE 205  
MIAMI, FL 33161 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 PS  
Name REED, JILL A  
Address 1285 NE 101 STREET  
City-State-Zip: MIAMI SHORES FL 33138

*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:** JILL A REED

**PRESIDENT**

**04/27/2015**

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

\_\_\_\_\_  
Date