

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000108087

**Entity Name:** WALLACE S. DEPUY DDS, P.A.

**Current Principal Place of Business:**

581 16TH ST N E  
NAPLES, FL 34120

**Current Mailing Address:**

581 16TH ST N E  
NAPLES, FL 34120 US

**FEI Number:** 65-1151151

**Certificate of Status Desired:** Yes

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

DE PUY, WALLACE SD.D.S.  
581 16TH ST N E  
NAPLES, FL 34120 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 PSTD  
Name DEPUY, WALLACE SD.D.S.  
Address 581 16TH ST N E  
City-State-Zip: NAPLES FL 34120

*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:** WALLACE S. DE PUY D.D.S.

**PRESIDENT**

**02/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date