

2017 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.

PRES.

01/18/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date