

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000121022

**Entity Name:** EDWIN E. YEE, D.M.D., P.A.

**Current Principal Place of Business:**

6160 N DAVIS HWY  
SUITE 6  
PENSACOLA, FL 32504

**Current Mailing Address:**

6160 N DAVIS HWY  
SUITE 6  
PENSACOLA, FL 32504 US

**FEI Number:** 59-3761412

**Certificate of Status Desired:** No

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

YEE, EDWIN E  
6160 N DAVIS HWY  
SUITE 6  
PENSACOLA, FL 32504 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            PRES  
Name            YEE, EDWIN E  
Address        6160 N DAVIS HWY STE 6  
City-State-Zip: PENSACOLA FL 32504

Title            SECT  
Name            YEE, PAULA Y  
Address        129 LE PORT DR  
City-State-Zip: PENSACOLA BEACH 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:** EDWIN E YEE

**PRESIDENT**

**04/02/2016**

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

\_\_\_\_\_  
Date