

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089921

Entity Name: WYCLIFFE DENTAL CENTER, INC.

Current Principal Place of Business:

4075 STATE RD 7 STE H-2
LAKE WORTH, FL 33467

Current Mailing Address:

4075 STATE RD 7 STE H-2
LAKE WORTH, FL 33467

FEI Number: 51-0420451

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAI, ROBERT E
4075 STATE RD 7 STE H-2
LAKE WORTH, FL 33467 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 D
Name LAI, ROBERT E
Address 4075 STATE RD 7 STE H-2
City-State-Zip: LAKE WORTH FL 33467

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: ROBERT LAI

OWNER

02/26/2015

Electronic Signature of Signing Officer/Director Detail

Date