

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000113194

**Entity Name:** MCILWAIN FAMILY DENTISTRY, PA**Current Principal Place of Business:**4710 N HABANA AVE STE 203  
TAMPA, FL 33614**Current Mailing Address:**4710 N HABANA AVE STE 203  
TAMPA, FL 33614 US**FEI Number: 81-0579150****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCILWAIN, LEIGH ANN DMD  
4710 N HABANA AVE STE 203  
TAMPA, FL 33614 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	MCILWAIN, LEIGH ANN DMD
Address	4710 N HABANA AVE STE 203
City-State-Zip:	TAMPA FL 33614

Title	D
Name	MCILWAIN, JAMES EDDS MSD
Address	4710 N HABANA AVE STE 203
City-State-Zip:	TAMPA FL 33614

Title	D
Name	CHAIRAMONTE, MICHAEL DMD
Address	4710 N HABANA AVE STE 203
City-State-Zip:	TAMPA FL 33614

Title	D
Name	MCILWAIN, MICHAEL DMD
Address	4710 N HABANA AVE STE 203
City-State-Zip:	TAMPA FL 33614

*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: JAMES E. MCILWAIN, DDS, MSD****OWNER****01/13/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date