## 2022 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: LEIGH ANN MCILWAIN 01/26/2022

> Date Electronic Signature of Registered Agent

> > City-State-Zip:

TAMPA FL 33614

Officer/Director Detail:

Title Title D

MCILWAIN, LEIGH ANN DMD Name Name CHAIRAMONTE, MICHAEL DMD Address 4710 N HABANA AVE STE 203 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: MICHAEL MCILWAIN

Electronic Signature of Signing Officer/Director Detail

**OWNER** 

01/26/2022

**FILED** Jan 26, 2022

**Secretary of State** 

9095658022CC

Date