

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134613

Entity Name: LAWRENCE WILD, D.M.D., INC.

Current Principal Place of Business:

755 SOUTH PALM AVE., SUITE 603
SARASOTA, FL 34236

Current Mailing Address:

755 SOUTH PALM AVE., SUITE 603
SARASOTA, FL 34236

FEI Number: 55-0814168

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONVILLE, CAROL L
2300 BEE RIDGE RD., SUITE 301
SARASOTA, FL 34239 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 LAWRENCE WILD
Address 755 SOUTH PALM AVE., SUITE 603
City-State-Zip: SARASOTA FL 34236

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: LAWRENCE WILD

PRES

01/11/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date