

**2019 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:** DR. LAWRENCE WILD

PRES

02/12/2019

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

\_\_\_\_\_ Date