

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000134915

**Entity Name:** PAUL LYNCH DDS, P.A.

**Current Principal Place of Business:**

6630 RIDGE ROAD  
PORT RICHEY, FL 34668

**Current Mailing Address:**

6630 RIDGE ROAD  
PORT RICHEY, FL 34668

**FEI Number: 75-3093007**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LYNCH, PAUL DDS  
8238 BOYCE CT  
NEW PORT RICHEY, FL 34654 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 PD  
Name LYNCH, PAUL  
Address 8238 BOYCE CT  
City-State-Zip: NEW PORT RICHEY FL 34654

*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: PAUL R LYNCH**

**PRESIDENT**

**01/27/2016**

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

\_\_\_\_\_  
Date