

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036510

Entity Name: JANA C. CALHOUN, D.M.D., P.A.

Current Principal Place of Business:

3053 4TH ST
MARIANNA, FL 32446

Current Mailing Address:

3053 4TH ST
MARIANNA, FL 32446

FEI Number: 55-0828507

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SWEARINGEN, GLENDA FESQ
3173 4TH ST
MARIANNA, FL 32446 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 CALHOUN, JANA C
Address 530 MCDUFF DR
City-State-Zip: ALFORD FL 32420

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. JANA C. CALHOUN, DMD, PA

PRESIDENT

02/11/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date