

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119692

Entity Name: KEVIN L. MARVIN DMD PA

Current Principal Place of Business:

4904 CLYDE MORRIS
SUITE B
PORT ORANGE, FL 32129

Current Mailing Address:

4904 CLYDE MORRIS
SUITE B
PORT ORANGE, FL 32129

FEI Number: 20-0305421

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARVIN, KEVIN L
6 DOUBLE BRANCH WAY
ORMOND BCH, FL 32174 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 P
Name MARVIN, KEVIN L
Address 6 DOUBLE BRANCH WAY
City-State-Zip: ORMOND BEACH FL 32174

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: KEVIN L MARVIN, DMD

OWNER

05/30/2013

Electronic Signature of Signing Officer/Director Detail

Date