## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140133

Entity Name: OTTLEY SMILES DENTAL CENTER, P.A.

**Current Principal Place of Business:** 

8117 NAVARRE PKWY. NAVARRE. FL 32566

**Current Mailing Address:** 

8117 NAVARRE PKWY. NAVARRE, FL 32566 US

FEI Number: 20-0524023 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OTTLEY, JARED 8117 NAVARRE PKWY. NAVARRE, FL 32566 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

FILED Jan 22, 2019

**Secretary of State** 

6372361014CC

Officer/Director Detail:

Title PRES Title ST

Name OTTLEY, JARED Name OTTLEY, KARINA

Address 8117 NAVARRE PKWY. Address 8117 NAVARRE PKWY.

City-State-Zip: NAVARRE FL 32566 City-State-Zip: NAVARRE FL 32566

Title VP

Name OTTLEY, JONATHAN
Address 8117 NAVARRE PKWY.
City-State-Zip: NAVARRE FL 32566

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: KARINA OTTLEY

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

01/22/2019

Date