

2020 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

Officer/Director Detail :

Title PRES
Name OTTLEY, JARED
Address 8117 NAVARRE PKWY.
City-State-Zip: NAVARRE FL 32566

Title ST
Name OTTLEY, KARINA
Address 8117 NAVARRE PKWY.
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

TREASURER

01/14/2020

Electronic Signature of Signing Officer/Director Detail

Date