2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2017
Secretary of State
CC1932850505

DOCUMENT# P03000148072

Entity Name: CALA HILLS ENDODONTICS, P.A.

Current Principal Place of Business:

2130 SW 22 PL #101
OCALA, FL 34471

Current Mailing Address:

2130 SW 22 PL #101
OCALA, FL 34471

FEI Number: 88-0517434

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LECORN, DEMETRICK WDMD
4879 SW 102ND LANE RD
OCALA, FL 34476 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	LECORN, DEMETRICK WDMD
Address	4879 SW 102ND LANE RD
City-State-Zip:	OCALA FL 34476

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: DEMETRICK LECORN PRESIDENT 01/10/2017

Electronic Signature of Signing Officer/Director Detail — Date