

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000095680

Entity Name: KERI A. SHENKER, DMD, PA

Current Principal Place of Business:

880 W BARBERRY CIRCLE
LOUISVILLE, CO 80027

Current Mailing Address:

880 W BARBERRY CIRCLE
LOUISVILLE, CO 80027 US

FEI Number: 20-1260671

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOODMAN, BARBARA
201 N UNIVERSITY DR
SUITE 108
PLANTATION, FL 33324 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: BARBARA GOODMAN

01/19/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SHENKER, KERI A
Address 880 W BARBERRY CIRCLE
City-State-Zip: LOUISVILLE CO 80027

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: KERI A SHENKER

PRESIDENT

01/19/2015

Electronic Signature of Signing Officer/Director Detail

Date