

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000106798

**Entity Name:** DONALD W. NORTON, DMD, P.A.

**Current Principal Place of Business:**

4115 DEL PRADO  
CAPE CORAL, FL 33904

**Current Mailing Address:**

4115 DEL PRADO  
CAPE CORAL, FL 33904

**FEI Number:** 20-1395437

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

L&L PARA, LTD. CO.  
27911 CROWN LAKE BLVD. STE 209  
BONITA SPRINGS, FL 34135 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,D  
Name NORTON, DONALD WDMD  
Address 4115 DEL PRADO  
City-State-Zip: CAPE CORAL FL 33904

Title T,D  
Name NORTON, DONALD W  
Address 4115 DEL PRADO  
City-State-Zip: CAPE CORAL FL 33904

Title S,D  
Name NORTON, DONALD W  
Address 4115 DEL PRADO  
City-State-Zip: CAPE CORAL FL 33904

*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:** DONALD W NORTON DMD

P,D

01/27/2020

Electronic Signature of Signing Officer/Director Detail

Date