

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000132867

**FILED**  
**Jan 23, 2016**  
**Secretary of State**  
**CC5429819587**

**Entity Name:** THOMAS A. ROHRER, DMD AND JOY LADELFA ROHRER, DMD,  
P.A.

**Current Principal Place of Business:**

715 GEORGE BUSH BLVD.  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

715 GEORGE BUSH BLVD.  
DELRAY BEACH, FL 33483

**FEI Number:** 43-2061369

**Certificate of Status Desired:** No

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

ROHRER, THOMAS A  
715 GEORGE BUSH BLVD.  
DELRAY BEACH, FL 33483 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 PD  
Name ROHRER, THOMAS ADMD  
Address 715 GEORGE BUSH BLVD.  
City-State-Zip: DELRAY BEACH FL 33483

Title VST  
Name ROHRER, JOY LDMD  
Address 715 GEORGE BUSH BLVD.  
City-State-Zip: DELRAY BEACH FL 33483

*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: THOMAS ROHRER

PRES

01/23/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date