

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032794

Entity Name: JUAN E. SAVELLI, DMD, MSD, P.A.

Current Principal Place of Business:

900 SE OCEAN BLVD
216 B
STUART, FL 34994

Current Mailing Address:

900 SE OCEAN BLVD
216 B
STUART, FL 34994

FEI Number: 20-2467640

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAVELLI, JUAN E
5124 HORSESHOE POINT RD.
STUART, FL 34997 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 DTS
Name SAVELLI, JUAN E
Address 900 SE OCEAN BLVD STE 216 B
City-State-Zip: STUART FL 34994

Title VP
Name POWER, REBECA
Address 900 SE OCEAN BLVD STE 216 B
City-State-Zip: STUART FL 34994

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: JUAN E. SAVELLI

DTS

02/21/2014

Electronic Signature of Signing Officer/Director Detail

Date