

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000104700

**Entity Name:** TOWER DENTAL, INC.

**Current Principal Place of Business:**

27400 RIVERVIEW CENTER BLVD  
BUILDING 8 SUITE 8  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

27400 RIVERVIEW CENTER BLVD  
BUILDING 8 SUITE 8  
BONITA SPRINGS, FL 34134 US

**FEI Number:** 04-3821479

**Certificate of Status Desired:** No

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

ROCHA, SONIA A  
27400 RIVERVIEW CENTER BLVD  
BUILDING 8 STE 8  
BONITA SPRINGS, FL 34134 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           PTD  
Name           ROCHA, SONIA A  
Address        27400 RIVERVIEW CENTER BLVD  
                  SUITE 8  
City-State-Zip: BONITA SPRINGS FL 34134

*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:** SONIA ROCHA

**PRESIDENT**

**03/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date