

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000137177

**Entity Name:** DENTAL ASSOCIATES OF LAKE MARY, P.A.

**Current Principal Place of Business:**

1301 SOUTH INTERNATIONAL PARKWAY  
SUITE 2041  
LAKE MARY, FL 32746

**Current Mailing Address:**

1301 SOUTH INTERNATIONAL PARKWAY  
SUITE 2041  
LAKE MARY, FL 32746

**FEI Number:** 20-3547486

**Certificate of Status Desired:** No

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

KALPESH, MEHTA  
1301 S. INTERNATIONAL PKWY,  
SUITE 2041  
LAKE MARY, FL 32789 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            D  
Name            MEHTA, DEEPA KD.M.D.  
Address        1301 S. INTERNATIONAL PKWY,  
                  SUITE 2041  
City-State-Zip: LAKE MARY FL 32746

Title            D  
Name            MEHTA, KALPESH CDMD  
Address        1301 S. INTERNATIONAL PKWY,  
                  SUITE 2041  
City-State-Zip: LAKE MARY FL 32746

*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:** KALPESH MEHTA

**DIRECTOR**

**04/14/2017**

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

\_\_\_\_\_  
Date