

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000052342

**Entity Name:** JOHN P. LUNDGREN, D.D.S., P.A.

**Current Principal Place of Business:**

7740 POINT MEADOWS DRIVE  
SUITE 3B  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7740 POINT MEADOWS DRIVE  
SUITE 3B  
JACKSONVILLE, FL 32256

**FEI Number:** 20-4868609

**Certificate of Status Desired:** Yes

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

BRILEY, D. RANDALL ESQ.  
2215 SOUTH THIRD STREET  
SUITE 101  
JACKSONVILLE BEACH, FL 32250 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 DR.  
Name LUNDGREN, JOHN PD.D.S.  
Address 7740 POINT MEADOWS DRIVE, SUITE  
3B  
City-State-Zip: JACKSONVILLE FL 32256

*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:** JOHN P LUNDGREN

**OWNER**

**01/14/2014**

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

\_\_\_\_\_  
Date