

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000012365

**Entity Name:** PETER N. MASTERSON DMD, P.A.

**Current Principal Place of Business:**

13211 BROWN THRASHER PIKE  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

16528 N DALE MABRY HWY  
TAMPA, FL 33618 US

**FEI Number:** 20-8334517

**Certificate of Status Desired:** No

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

SANDERS, BRIAN  
16528 N. DALE MABRY HWY  
TAMPA, FL 33618 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:** BRIAN SANDERS

06/28/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            MASTERSON, PETER N  
Address        13211 BROWN THRASHER PIKE  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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:** PETER N MASTERSON

PRES

06/28/2020

Electronic Signature of Signing Officer/Director Detail

Date