

2018 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, WALTER S
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: _____

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

03/23/2018

Electronic Signature of Signing Officer/Director Detail

Date