

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000029387

**Entity Name:** CRAIG SPENCER D.M.D. P.A.**Current Principal Place of Business:**625 SE 2ND AVENUE SUITE D  
BOYNTON BEACH, FL 33435**Current Mailing Address:**200 CORAL RD.  
BOYNTON BEACH, FL 33435 US**FEI Number:** 20-8684376**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPENCER, CRAIG DMD  
625 SE 2ND AVENUE SUITE D  
BOYNTON BEACH, FL 33435 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            | SPENCER, CRAIG            |
| Address         | 625 SE 2ND AVENUE SUITE D |
| City-State-Zip: | BOYNTON BEACH FL 33435    |

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|-----------------|---------------------------|
| Title           | D                         |
| Name            | SPENCER, CRAIG            |
| Address         | 625 SE 2ND AVENUE SUITE D |
| City-State-Zip: | BOYNTON BEACH FL 33435    |

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*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:** CRAIG SPENCER**PRESIDENT****02/17/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date