

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000051765

Entity Name: ALICIA MATAYOSHI, D.M.D., P.A.

Current Principal Place of Business:

7807 BAYMEADOWS ROAD E
304
JACKSONVILLE, FL 32256

Current Mailing Address:

7807 BAYMEADOWS ROAD E
304
JACKSONVILLE, FL 32256

FEI Number: 26-0902871

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATAYOSHI, ALICIA DMD
7807 BAYMEADOWS ROAD E
304
JACKSONVILLE, FL 32256 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 DMD
Name MATAYOSHI, ALICIA D.M.D.
Address 7807 BAYMEADOWS ROAD E SUITE
 304
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: ALICIA MATAYOSHI

OWNER

01/15/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date