

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000074134

Entity Name: C. LEE STEWART, D.M.D., P.A.

Current Principal Place of Business:

895 BARTON BLVD
ROCKLEDGE, FL 32955-3143

Current Mailing Address:

895 BARTON BLVD
ROCKLEDGE, FL 32955-3143

FEI Number: 59-2993939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEWART, C. LEE DMD
895 BARTON BLVD
ROCKLEDGE, FL 32955-3143 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 STEWART, C. LEE DMD
Address 895 BARTON BLVD
City-State-Zip: ROCKLEDGE FL 32955-3143

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: DR. C. LEE STEWART DMD

PRESIDENT

04/08/2015

Electronic Signature of Signing Officer/Director Detail

Date