

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000039606

**Entity Name:** JAYHAWK DENTAL INC

**Current Principal Place of Business:**

3838 S FLORIDA AVE  
STE 1  
LAKELAND, FL 33813

**Current Mailing Address:**

3838 S FLORIDA AVE  
STE 1  
LAKELAND, FL 33813 US

**FEI Number:** 90-0397707

**Certificate of Status Desired:** No

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

ANDREWS, PAUL  
5216 ST LUCIA DR  
LAKELAND, FL 33812 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	P	Title	VP
Name	ANDREWS, PAUL	Name	ANDREWS, MICHEL
Address	5216 ST LUCIA DR	Address	5216 ST LUCIA DR
City-State-Zip:	LAKELAND FL 33812	City-State-Zip:	LAKELAND FL 33812

*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:** PAUL ANDREWS

**PRESIDENT**

**03/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date