

2014 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

P

04/14/2014

Electronic Signature of Signing Officer/Director Detail

Date