2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2014
Secretary of State
CC7508071803

DOCUMENT# P09000024930

Entity Name: DENT MASTER OF JACKSONVILLE INC.

Current Principal Place of Business:

10632 AKERS DR. N.
JACKSONVILLE, FL 32225

Current Mailing Address:

10632 AKERS DR. N.
JACKSONVILLE, FL 32225

FEI Number: 80-0371188

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOYETTE, KRISTIN K
10632 AKERS DR. N.
JACKSONVILLE, FL 32225 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	BOYETTE, KRISTIN K	Name	BOYETTE, ROBERT M
Address	10632 AKERS DR. N.	Address	10632 AKERS DR. N.
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225

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: KRISTIN BOYETTE PRESIDENT 04/11/2014

Electronic Signature of Signing Officer/Director Detail — Date