

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000043200

**Entity Name:** CARR PEDIATRIC DENTISTRY, P.A.

**Current Principal Place of Business:**

11936 BOYETTE RD  
RIVERVIEW, FL 33569

**Current Mailing Address:**

11936 BOYETTE ROAD  
RIVERVIEW, FL 33569 US

**FEI Number:** 27-0205784

**Certificate of Status Desired:** No

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

SANDERS, WALTER S  
16528 NORTH DALE MABRY HWY  
TAMPA, FL 33618 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  
Name BUSTILLO, NATALIE CARR  
Address 3403 W MORRISON AVE  
City-State-Zip: TAMPA FL 33629

*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:** NATALIE CARR BUSTILLO

**PRESIDENT**

**01/10/2018**

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

\_\_\_\_\_  
Date