

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000046867

**Entity Name:** TOWNCARE DENTAL OF CUTLER BAY, P.A.

**Current Principal Place of Business:**

20533 OLD CUTLER ROAD  
CUTLER BAY, FL 33189

**Current Mailing Address:**

6240 LAKE OSPREY DR.  
SARASOTA, FL 34240 US

**FEI Number:** 27-0300610

**Certificate of Status Desired:** No

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

NICHOLS, DAVID  
6240 LAKE OSPREY DR.  
SARASOTA, FL 34240 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:** DAVID NICHOLS

04/22/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR  
Name GOBER, MELVYN SDDS  
Address 13195 SW 134 STREET, 2ND FLOOR  
City-State-Zip: MIAMI FL 33186

*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:** MELVYN GOBER

**DIRECTOR**

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date