**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 27, 2014**
**Secretary of State**
**CC4792117029**

DOCUMENT# P09000065781

**Entity Name:** ESTHETIC AND IMPLANT DENTISTRY OF SOUTH FLORIDA, PA

**Current Principal Place of Business:**

8136 OKEECHOBEE BLVD
SUITE B
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

8136 OKEECHOBEE BLVD
SUITE B
WEST PALM BEACH, FL 33411 US

**FEI Number: 27-0690655**

**Certificate of Status Desired:** No

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

JOHNS, JACKIE C
8136 OKEECHOBEE BLVD
SUITE B
WEST PALM BEACH, FL 33411 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 | PST |
| Name | JOHNS, JACKIE C |
| Address | 8136 OKEECHOBEE BLVD |
| City-State-Zip: | WEST PALM BEACH FL 33411 |

*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: JACKIE JOHNS MD OFFICER.OWNER 03/27/2014

Electronic Signature of Signing Officer/Director Detail — Date