

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000102833

**Entity Name:** THE SHALIMAR DENTAL SUPPORT GROUP, INC.

**Current Principal Place of Business:**

1115 EGLIN PARKWAY  
SHALIMAR, FL 32579

**Current Mailing Address:**

1115 EGLIN PARKWAY  
SHALIMAR, FL 32579

**FEI Number:** 27-1550458

**Certificate of Status Desired:** No

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

HANLE, WENDY  
1115 EGLIN PARKWAY  
SHALIMAR, FL 32579 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 HANLE, WENDY  
Address 1115 EGLIN PARKWAY  
City-State-Zip: SHALIMAR FL 32579

Title VP  
Name HANLE, WENDY  
Address 1115 EGLIN PARKWAY  
City-State-Zip: SHALIMAR FL 32579

Title S  
Name HANLE, WENDY  
Address 1115 EGLIN PARKWAY  
City-State-Zip: SHALIMAR FL 32579

Title T  
Name HANLE, WENDY  
Address 1115 EGLIN PARKWAY  
City-State-Zip: SHALIMAR FL 32579

Title D  
Name HANLE, WENDY  
Address 1115 EGLIN PARKWAY  
City-State-Zip: SHALIMAR FL 32579

*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:** WENDY K HANLE

P

04/28/2015

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

\_\_\_\_\_  
Date