

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000047875

**Entity Name:** LEAH K. LOVETT, D.M.D., P.A.

**Current Principal Place of Business:**

510 AIRPORT CENTER DRIVE  
STE. 101  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

510 AIRPORT CENTER DRIVE  
STE. 101  
JACKSONVILLE, FL 32218 US

**FEI Number:** 30-0633623

**Certificate of Status Desired:** No

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

LOVETT, LEAH K DR.  
510 AIRPORT CENTER DRIVE  
STE. 101  
JACKSONVILLE, FL 32218 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:** LEAH K. LOVETT, DMD

03/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LOVETT, LEAH K. DR.  
Address 510 AIRPORT CENTER DRIVE  
STE. 101  
City-State-Zip: JACKSONVILLE FL 32218

*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:** LEAH K. LOVETT, DMD

P

03/30/2019

Electronic Signature of Signing Officer/Director Detail

Date