

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000069304

**Entity Name:** GUSTAVO J. GARI DDS, P.A.

**Current Principal Place of Business:**

1631 RACETRACK ROAD  
SUITE 104  
ST. JOHNS, FL 32259

**Current Mailing Address:**

1631 RACETRACK ROAD  
SUITE 104  
ST. JOHNS, FL 32259 US

**FEI Number:** 27-3468539

**Certificate of Status Desired:** No

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

GARI, CAROLINE B  
1631 RACETRACK ROAD  
SUITE 104  
ST. JOHNS, FL 32259 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            PRES  
Name            GARI, GUSTAVO J  
Address        1631 RACETRACK ROAD SUITE 104  
City-State-Zip: ST. JOHNS FL 32259

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:** GUSTAVO J. GARI DDS PA

**OWNER/PRESIDENT**

**01/10/2014**

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

\_\_\_\_\_  
Date