

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000085113

**Entity Name:** AFFORDABLE DENTURES-WEEKI WACHEE II, P.A.**Current Principal Place of Business:**6278 COMMERCIAL WAY  
WEEKI WACHEE, FL 34606**Current Mailing Address:**PO BOX 1042  
KINSTON, NC 28503**FEI Number:** 27-3684503**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KARNIEWICZ, JUDY  
1406 W. FLETCHER AVENUE  
TAMPA, FL 33612 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	PD
Name	MUIR, JAMES P
Address	6278 COMMERCIAL WAY
City-State-Zip:	WEEKI WACHEE FL 34606

Title	SECRETARY, ASST. TREASURER
Name	SLEZAK, DAVID
Address	5430 WADE PARK BLVD., SUITE 310
City-State-Zip:	RALEIGH NC 27607

Title	ASST. SECRETARY
Name	RODRIGUEZ-LEBRON, ANNETTE
Address	1400 INDUSTRIAL DRIVE
City-State-Zip:	KINSTON NC 28504

Title	TREASURER, ASST. SECRETARY
Name	STEELMAN, PAUL
Address	1400 INDUSTRIAL DRIVE
City-State-Zip:	KINSTON NC 28504

Title	ASST. SECRETARY
Name	AMMONS, RANDAL G.
Address	5430 WADE PARK BLVD., SUITE 310
City-State-Zip:	RALEIGH NC 27607

Title	ASST. SECRETARY
Name	MILLER, KATHY
Address	5430 WADE PARK BLVD., SUITE 310
City-State-Zip:	RALEIGH NC 27607

*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:** RANDAL G. AMMONS**ASSISTANT SECRETARY** 04/29/2018\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date