

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000091379

Entity Name: DENTAL ASSOCIATES OF DAVIE, INC.

Current Principal Place of Business:

2879 S. UNIVERSITY DRIVE
DAVIE, FL 33328

Current Mailing Address:

2879 S. UNIVERSITY DRIVE
DAVIE, FL 33328

FEI Number: 45-3635000

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPAS, ALFREDO
2879 S. UNIVERSITY DRIVE
DAVIE, FL 33328 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 D
Name CORPAS, ALFREDO
Address 2879 S. UNIVERSITY DRIVE
City-State-Zip: DAVIE FL 33328

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: ALFREDO CORPAS

DDS

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date