

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000100060

**Entity Name:** EMERALD COAST DENTAL SLEEP MEDICINE, INC

**Current Principal Place of Business:**

3135 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

3135 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408 US

**FEI Number:** 45-3855231

**Certificate of Status Desired:** No

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

GRIFFIN, TARA  
3135 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408 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 P  
Name            GRIFFIN, TARA  
Address        3135 THOMAS DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

*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:** TARA GRIFFIN

D,P

04/24/2013

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

\_\_\_\_\_ Date