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.

OWNER

SIGNATURE: VIN	CENT M	ONTICCIO	10

Electronic Signature of Signing Officer/Director Detail

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000101960

Entity Name: MONTICCIOLO FAMILY AND SEDATION DENTISTRY, P.A.

Current Principal Place of Business:

8327 W. HILLSBOROUGH AVE TAMPA, FL 33615

Current Mailing Address:

8383 SEMINOLE BLVD. SUITE A SEMINOLE, FL 33772-4392 US

FEI Number: 36-4715980

Name and Address of Current Registered Agent:

MONTICCIOLO, VINCENT J 1214 PLAYMOOR DR PALM HARBOR, FL 34683-1471 US FILED Apr 05, 2019 Secretary of State 0598846967CC

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	D	Title	ADMINISTRATOR
Name	MONTICCIOLO, VINCENT J	Name	MONTICCIOLO, NATALIE L. DR.
Address	1214 PLAYMOOR DR	Address	1214 PLAYMOOR DR.
City-State-Zip:	PALM HARBOR FL 34683-1471	City-State-Zip:	PALM HARBOR FL 34683

04/05/2019 Date