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

#### DOCUMENT# P11000101960

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

# **Current Principal Place of Business:**

8383 SEMINOLE BLVD. SUITE A SEMINOLE, FL 33772

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

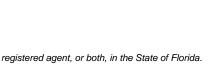
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

#### Electronic Signature of Registered Agent -----

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	

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: VINCENT MONTICCIOLO



Certificate of Status Desired: No

FILED Mar 10, 2020 Secretary of State 0131715438CC

> 03/10/2020 Date

Date