

**2015 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:**

1214 PLAYMOOR DR  
PALM HARBOR, FL 34683-1471

**FEI Number: 36-4715980**

**Certificate of Status Desired: No**

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

MONTICCIOLO, VINCENT J  
1214 PLAYMOOR DR  
PALM HARBOR, FL 34683-1471 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            MONTICCIOLO, VINCENT J  
Address        1214 PLAYMOOR DR  
City-State-Zip: PALM HARBOR FL 34683-1471

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

*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: VINCENT J. MONTICCIOLO**

**OWNER/DR.**

**01/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date