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: ROBERT T. RADEL

Electronic Signature of Signing Officer/Director Detail

JACKSONVILLE BEACH, FL 32250

Current Mailing Address: 233 N. 3RD STREET 204 JACKSONVILLE BEACH, FL 32250 US

Entity Name: ROBERT RADEL, DMD, PA

Current Principal Place of Business:

FEI Number: 45-3975906

DOCUMENT# P11000102721

233 N. 3RD STREET

204

Name and Address of Current Registered Agent:

RADEL, DEIDRA M 111 SAWBILL PALM DRIVE PONTE VEDRA BEACH, FL 32082 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	Р, Т	Title	S, D
Name	RADEL, ROBERT T	Name	RADEL, ROBERT T
Address	111 SAWBIL PALM DRIVE	Address	111 SAWBIL PALM DRIVE
City-State-Zip:	PONTE VEDRA BEACH FL 32082	City-State-Zip:	PONTE VEDRA BEACH FL 32082

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Certificate of Status Desired: No

04/08/2015 Date

FILED Apr 08, 2015 Secretary of State CC1703692576

PRESIDENT

Date