

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000044324

Entity Name: ANDREW M. NAWROCKI, DMD, MS, P.A.

Current Principal Place of Business:

145 N. NOVA RD.
ORMOND BEACH, FL 32174

Current Mailing Address:

145 N. NOVA RD.
ORMOND BEACH, FL 32174 US

FEI Number: 45-5351812

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, RICHARD O
1600 SARNO ROAD STE 11
MELBOURNE, FL 32935 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 NAWROCKI, ANDREW MDMD MS
Address 1450 N. ATLANTIC AVE
City-State-Zip: DAYTONA BEACH FL 32118

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: ANDREW M. NAWROCKI, D.M.D., M.S.

OWNER

03/14/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date