

**2020 FLORIDA PROFIT CORPORATION REINSTATEMENT**

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:**

NAWROCKI, ANDREW M. DMD, MS  
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:** ANDREW M. NAWROCKI, DMD, MS

06/25/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, P  
Name NAWROCKI, ANDREW MICHAEL DMD,  
MS  
Address 145 N. NOVA RD.  
City-State-Zip: ORMOND BEACH FL 32174

*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 NAWROCKI, DMD, MS

PRESIDENT

06/25/2020

Electronic Signature of Signing Officer/Director Detail

Date