

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000053089

**Entity Name:** KRANTZ DENTAL CARE, P.A.

**Current Principal Place of Business:**

12058 SAN JOSE BLVD.  
#102  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

12058 SAN JOSE BLVD.  
#102  
JACKSONVILLE, FL 32223

**FEI Number:** 45-5479373

**Certificate of Status Desired:** No

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

KRANTZ, ALAN  
12058 SAN JOSE BLVD.  
#102  
JACKSONVILLE, FL 32223 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 P, D  
Name KRANTZ, ALAN  
Address 12058 SAN JOSE BLVD., #102  
City-State-Zip: JACKSONVILLE FL 32223

*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:** ALAN KRANTZ

**OWNER**

**01/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date