## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000087633

Entity Name: THE DENTAL TEAM OF OCALA, P.A.

**Current Principal Place of Business:** 

2609 SW 33 STREET, SUITE 104

OCALA, FL 33471

**Current Mailing Address:** 

8750 SW HWY 200 SUITE 101 OCALA, FL 34481

FEI Number: 46-1175317 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANCHEZ, JULIO DDS 2609 SW 33 STREET, SUITE 104 OCALA, FL 33471 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

**FILED** Mar 10, 2015

**Secretary of State** 

CC1103719545

Officer/Director Detail:

Title Title **PRESIDENT** 

Name FERNANDEZ, JESSICA M DR Name SANCHEZ, JULIO C DR

Address 8750 SW HWY 200 Address 8750 SW HWY 200

SUITE 101 SUITE 101

City-State-Zip: City-State-Zip: OCALA FL 34481 OCALA FL 34481

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.

**PRESIDENT** SIGNATURE: SANCHEZ, JULIO C DR

Electronic Signature of Signing Officer/Director Detail

03/10/2015 Date