

**2016 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

**Officer/Director Detail :**

Title	VP	Title	PRESIDENT
Name	FERNANDEZ, JESSICA M DR	Name	SANCHEZ, JULIO C DR
Address	8750 SW HWY 200 SUITE 101	Address	8750 SW HWY 200 SUITE 101
City-State-Zip:	OCALA FL 34481	City-State-Zip:	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.*

**SIGNATURE:** JULIO SANCHEZ

**PRESIDENT**

**03/10/2016**

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

\_\_\_\_\_  
Date