

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000087997

**Entity Name:** JANET LOY DDS PA

**Current Principal Place of Business:**

2970 CORTEZ RD  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

2970 CORTEZ RD  
JACKSONVILLE, FL 32246 US

**FEI Number:** 46-1211645

**Certificate of Status Desired:** No

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

LOY, JANET  
2970 CORTEZ RD  
JACKSONVILLE, FL 32246 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 DR  
Name LOY, JANET  
Address 2970 CORTEZ RD  
City-State-Zip: JACKSONVILLE FL 32246

*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:** JANET LOY

**PRESIDENT**

**02/01/2023**

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

\_\_\_\_\_  
Date