

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000096319

**Entity Name:** W.W. ROGERS III DDS, INC.

**Current Principal Place of Business:**

3421 E KINGSFIELD RD  
PENSACOLA, FL 32514

**Current Mailing Address:**

3421 E KINGSFIELD RD  
PENSACOLA, FL 32514

**FEI Number:** 36-4746846

**Certificate of Status Desired:** No

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

ROGERS, WILLIAM WIII  
3421 E KINGSFIELD RD  
PENSACOLA, FL 32514 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 PST  
Name ROGERS, WILLIAM WIII  
Address 3421 E KINGSFIELD RD  
City-State-Zip: PENSACOLA FL 32514

*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:** WILLIAM W. ROGERS III

**PRESIDENT**

**07/30/2014**

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

\_\_\_\_\_  
Date