

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000015669

**Entity Name:** MARISSA WHITEHEAD, DMD, PA

**Current Principal Place of Business:**

815 CHICHESTER ST  
ORLANDO, FL 32803

**Current Mailing Address:**

815 CHICHESTER ST  
ORLANDO, FL 32803 US

**FEI Number:** 46-2052345

**Certificate of Status Desired:** No

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

WHITEHEAD, MARISSA ADMD  
815 CHICHESTER ST  
ORLANDO, FL 32803 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            PRESIDENT  
Name            WHITEHEAD, MARISSA A DMD  
Address        815 CHICHESTER ST  
City-State-Zip: ORLANDO FL 32803

*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:** MARISSA WHITEHEAD

**PRESIDENT**

**02/20/2019**

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

\_\_\_\_\_  
Date