Entity Name: SAMUEL P. ROWE, D.M.D. AND SAMUEL V. ROWE, D.M.D., P.A.

Entry Name: OAMOLET: NOWE, D.M.D. AND OAMOLE V. NOWE

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

605 CITRUS AVE. FORT PIERCE,, FL 34950

Current Mailing Address:

DOCUMENT# P13000062979

605 CITRUS AVE. FORT PIERCE,, FL 34950 US

FEI Number: 59-2163423

Name and Address of Current Registered Agent:

ROWE, SAMUEL V 605 CITRUS AVE. FORT PIERCE, FL 34950 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

Officer/Director Detail :

Title	P,VP	Title	SECRETARY, TREASURER
Name	ROWE, SAMUEL V	Name	ROWE, LYNN S
Address	605 CITRUS AVE.	Address	605 CITRUS AVE.
City-State-Zip:	FORT PIERCE FL 34950	City-State-Zip:	FORT PIERCE, FL 34950

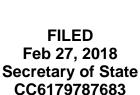
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL V ROWE

PRESIDENT

02/27/2018 Date

Electronic Signature of Signing Officer/Director Detail



Date

Certificate of Status Desired: No