

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000034315

Entity Name: FAMILIA DENTAL OF CENTRAL FLORIDA PA

Current Principal Place of Business:

5979 VINELAND ROAD
205
ORLANDO, FL 32819

Current Mailing Address:

5979 VINELAND ROAD
205
ORLANDO, FL 32819 US

FEI Number: 35-2523762

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANGALANG, GABRIEL
5979 VINELAND ROAD,
SUITE 205
ORLANDO, FL 32819 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 P
Name SANGALANG, GABRIEL
Address 5979 VINELAND ROAD,
City-State-Zip: ORLANDO FL 32819

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: GABRIEL SANGALANG

REGISTERED AGENT

02/10/2016

Electronic Signature of Signing Officer/Director Detail

Date