

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000065510

**Entity Name:** JOSEPH L. RATCHFORD, DDS, PA

**Current Principal Place of Business:**

1311 N. WESTSHORE BLVD., SUITE 101  
TAMPA, FL 33607

**Current Mailing Address:**

1311 N. WESTSHORE BLVD., SUITE 101  
TAMPA, FL 33607 US

**FEI Number:** 47-2633935

**Certificate of Status Desired:** No

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

GAFFNEY, TERRI  
1311 N. WESTSHORE BLVD., SUITE 101  
TAMPA, FL 33607 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,VP  
Name RATCHFORD, JOSEPH L  
Address 1311 N. WESTSHORE BLVD., SUITE 101  
City-State-Zip: TAMPA FL 33607

Title SEC,  
Name RATCHFORD, JOSEPH L  
Address 1311 N. WESTSHORE BLVD., SUITE 101  
City-State-Zip: TAMPA FL 33607

Title TREA  
Name RATCHFORD, JOSEPH L  
Address 1311 N. WESTSHORE BLVD., SUITE 101  
City-State-Zip: TAMPA FL 33607

*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:** JOSEPH L RATCHFORD

**PRESIDENT**

**04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date