

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000099039

Entity Name: JOSEPH E. DOTSON DDS PA**Current Principal Place of Business:**5301 S. DALE MABRY HWY
TAMPA, FL 33611**Current Mailing Address:**5301 S. DALE MABRY HWY
TAMPA, FL 33611 US**FEI Number:** 47-2549694**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOTSON, JOSEPH E DDS
5301 S. DALE MABRY HWY
TAMPA, FL 33611 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	DOTSON, JOSEPH E
Address	5301 S. DALE MABRY HWY
City-State-Zip:	TAMPA FL 33611

Title	V
Name	DOTSON, KATHERINE A
Address	5301 S. DALE MABRY HWY
City-State-Zip:	TAMPA FL 33611

Title	D
Name	DOTSON, MALLORY G.
Address	3410 CYPRESS LANDING DR.
City-State-Zip:	VALRICO FL 33596

Title	D
Name	DOTSON, JARED T.
Address	3410 CYPRESS LANDING DR.
City-State-Zip:	VALRICO FL 33596

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 E DOTSON DDS

OWNER/DENTIST

01/12/2023

Electronic Signature of Signing Officer/Director Detail_____
Date