I hereby certify that the information indicated on this report or supplemental report is true and accur		
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exec	cute 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: LANDIS, JOHN F	DPTS	03/06/2018

I

Electronic Signature of Signing Officer/Director Detail

City-State-Zip:	SAINT JOHNS FL 32259	City-State-Zip:	SAINT JOHNS FL 32259
Title	Т	Title	S
Name	LANDIS, JOHN F.	Name	LANDIS, JOHN F.
Address	852 EAST DORCHESTER DR.	Address	852 EAST DORCHESTER DR.
City-State-Zip:	SAINT JOHNS FL 32259	City-State-Zip:	SAINT JOHNS FL 32259

C

SIGNATURE	: JOHN F. LANDIS, DDS			
	Electronic Signature of Registered Agent			
Officer/Director Detail :				
Title	Р	Title	VP	
Name	LANDIS, JOHN F.	Name	LANDIS, JOHN F.	
Address	852 EAST DORCHESTER DR.	Address	852 EAST DORCHESTER DR.	
City-State-Zip:	SAINT JOHNS FL 32259	City-State-Zip:	SAINT JOHNS FL 32259	

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.

SAINT JOHNS, FL 32259

Entity Name: JOHN LANDIS, DDS, P.A.

Current Principal Place of Business:

852 EAST DORCHESTER DR.

Current Mailing Address:

852 EAST DORCHESTER DR. SAINT JOHNS. FL 32259 US

FEI Number: 47-4485014

Name and Address of Current Registered Agent:

LANDIS, JOHN F. 852 EAST DORCHESTER DR. SAINT JOHNS, FL 32259 US

FILED Mar 06, 2018 Secretary of State CC5667264437

03/06/2018 Date

Certificate of Status Desired: No

Date