

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000057188

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

**Current Principal Place of Business:**

600 N. COVERED BRIDGE RD.

2

JACKSONVILLE, FL 32259

**Current Mailing Address:**

600 N. COVERED BRIDGE RD.

2

JACKSONVILLE, FL 32259 US

**FEI Number:** 47-4485014

**Certificate of Status Desired:** No

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

LANDIS, JOHN

600 N. COVERED BRIDGE RD.

2

JACKSONVILLE, FL 32259 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 LANDIS, JOHN  
Address 600 N. COVERED BRIDGE RD., #2  
City-State-Zip: JACKSONVILLE FL 32259

Title VP  
Name LANDIS, JOHN  
Address 600 N. COVERED BRIDGE RD., #2  
City-State-Zip: JACKSONVILLE FL 32259

Title T  
Name LANDIS, JOHN  
Address 600 N. COVERED BRIDGE RD., #2  
City-State-Zip: JACKSONVILLE FL 32259

Title S  
Name LANDIS, JOHN  
Address 600 N. COVERED BRIDGE RD., #2  
City-State-Zip: JACKSONVILLE FL 32259

*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:** JOHN LANDIS

**OWNER**

**03/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date