

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000082278

**Entity Name:** MANN FAMILY ORTHODONTICS, P.A.

**Current Principal Place of Business:**

10887 N. MILITARY TRAIL  
SUITE NO. 1  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

10887 N. MILITARY TRAIL  
SUITE NO. 1  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 47-5232164

**Certificate of Status Desired:** No

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

MANN, JACOB DDS  
10887 N. MILITARY TRAIL  
SUITE NO. 1  
PALM BEACH GARDENS, FL 33410 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 MANN, JACOB DDS  
Address 10887 N. MILITARY TRAIL, SUITE NO.  
1  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** JACOB MANN

**PRESIDENT**

**01/17/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date