

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000100937

**Entity Name:** SUSHIL PATEL, DDS, P.A.

**Current Principal Place of Business:**

526 WILLOWLAKE CT.  
LAKE MARY, FL 32746

**Current Mailing Address:**

526 WILLOWLAKE CT.  
LAKE MARY, FL 32746 US

**FEI Number:** 81-0918232

**Certificate of Status Desired:** No

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

PATEL, SUSHIL  
526 WILLOWLAKE CT.  
LAKE MARY, FL 32746 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 PATEL, SUSHIL  
Address 526 WILLOWLAKE CT.  
City-State-Zip: LAKE MARY FL 32746

Title VP  
Name PATEL, SUSHIL  
Address 526 WILLOWLAKE CT.  
City-State-Zip: LAKE MARY FL 32746

Title S  
Name PATEL, SUSHIL  
Address 526 WILLOWLAKE CT.  
City-State-Zip: LAKE MARY FL 32746

Title T  
Name PATEL, SUSHIL  
Address 526 WILLOWLAKE CT  
City-State-Zip: LAKE MARY FL 32746

*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:** SUSHIL PATEL

DR

03/12/2018

Electronic Signature of Signing Officer/Director Detail

Date