

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000012223

Entity Name: AFFORDABLE DENTURES - PORT ST. LUCIE III, P.A.**Current Principal Place of Business:**9140 S. FEDERAL HIGHWAY (U.S. 1)
PORT ST. LUCIE, FL 34952**Current Mailing Address:**629 DAVIS DRIVE
300
MORRISVILLE, NC 27560 US**FEI Number:** 81-1366778**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** NATALIE LEIBA-PAUL

03/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P, D
Name	FENTON, DANIEL M DMD
Address	9140 S. FEDERAL HIGHWAY (U.S. 1)
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	S
Name	SLEZAK, DAVID
Address	629 DAVIS DRIVE 300
City-State-Zip:	MORRISVILLE NC 27560

Title	T
Name	RENTFROW, TRENT
Address	629 DAVIS DRIVE 300
City-State-Zip:	MORRISVILLE NC 27560

Title	AS
Name	MILLER, KATHY
Address	629 DAVIS DRIVE 300
City-State-Zip:	MORRISVILLE NC 27560

Title	AS
Name	TAFT, JENA
Address	629 DAVIS DRIVE 300
City-State-Zip:	MORRISVILLE NC 27560

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: TRENT RENTFROW**TREASURER**

03/30/2020

Electronic Signature of Signing Officer/Director Detail

Date