

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000023507

Entity Name: AFFORDABLE DENTURES & IMPLANTS - LEESBURG, P.A.**Current Principal Place of Business:**705 N. 14TH STREET, SUITE 101
LEESBURG, FL 34748**Current Mailing Address:**PO BOX 1042
KINSTON, NC 28503**FEI Number: 81-1837096****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 S. 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:**

Electronic Signature of Registered Agent

Date**Officer/Director Detail :**

Title	P, D
Name	KNAPKE, WILLIAM C DDS
Address	705 N. 14TH STREET, SUITE 101
City-State-Zip:	LEESBURG FL 34748

Title	SECRETARY
Name	SLEZAK, DAVID
Address	PO BOX 1042
City-State-Zip:	KINSTON NC 28503

Title	TREASURER
Name	STEELMAN, PAUL
Address	PO BOX 1042
City-State-Zip:	KINSTON NC 28503

Title	ASST. SECRETARY
Name	AMMONS, RANDAL
Address	PO BOX 1042
City-State-Zip:	KINSTON NC 28503

Title	ASST. SECRETARY
Name	RODRIGUEZ-LEBRON, ANNETTE
Address	PO BOX 1042
City-State-Zip:	KINSTON NC 28503

Title	ASST. SECRETARY
Name	MILLER, KATHY
Address	PO BOX 1042
City-State-Zip:	KINSTON NC 28503

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: RANDAL G. AMMONS**ASSISTANT SECRETARY 04/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date