

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000005650

Entity Name: SUMMERLIN PALMS DENTISTRY, P.A.

Current Principal Place of Business:

11254 POND CYPRESS STREET
FORT MYERS, FL 33913

Current Mailing Address:

11254 POND CYPRESS STREET
FORT MYERS, FL 33913

FEI Number: 81-5061621

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAWLA, KANWAL
11254 POND CYPRESS STREET
FORT MYERS, FL 33913 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 CHAWLA, KANWAL
Address 11254 POND CYPRESS STREET
City-State-Zip: FORT MYERS FL 33913

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: KANWAL CHAWLA

PRESIDENT

04/25/2019

Electronic Signature of Signing Officer/Director Detail

Date