

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000036710

Entity Name: AARON SCHEPS PEDIATRIC DENTISTRY, P.A.**Current Principal Place of Business:**4641 SHORT LEAF LN NE
ST PETERSBURG, FL 33703**Current Mailing Address:**4641 SHORT LEAF LN NE
ST PETERSBURG, FL 33703 US**FEI Number: 82-1295757****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SCHEPS, SCOTT A
4641 SHORT LEAF LN NE
ST PETERSBURG, FL 33703 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	SCHEPS, SCOTT A
Address	4641 SHORT LEAF LN NE
City-State-Zip:	ST PETERSBURG FL 33703

Title	VP
Name	SCHEPS, SCOTT A
Address	4641 SHORT LEAF LN NE
City-State-Zip:	ST PETERSBURG FL 33703

Title	S
Name	SCHEPS, SCOTT A
Address	4641 SHORT LEAF LN NE
City-State-Zip:	ST PETERSBURG FL 33703

Title	T
Name	SCHEPS, SCOTT A
Address	4641 SHORT LEAF LN NE
City-State-Zip:	ST PETERSBURG FL 33703

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: SCOTT A SCHEPS**PRESIDENT****02/28/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date