

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000091359

Entity Name: ALEX MCCLURE ENDODONTICS, P.A.

Current Principal Place of Business:

1949 COUNTY ROAD 210 W.
ST. JOHNS, FL 32259

Current Mailing Address:

1949 COUNTY ROAD 210 W.
ST. JOHNS, FL 32259 US

FEI Number: 84-4231663

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRANT,REITER,MCCORMICK & JOHNSON, P.A.
135 WEST BAY STREET, STE. 400
JACKSONVILLE, FL 32202 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 D
Name MCCLURE, ALEXANDER R DMD
Address 1949 COUNTY ROAD 210 W.
City-State-Zip: ST. JOHNS FL 32259

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: ALEXANDER R. MCCLURE

DIRECTOR

01/18/2020

Electronic Signature of Signing Officer/Director Detail

Date