

**2021 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 MCCLURE**

**PRESIDENT**

**02/01/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date