

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P92000002025

Entity Name: PROSTHODONTICS & IMPLANT THERAPY INC

Current Principal Place of Business:

10434 MID TOWN PKWY
JACKSONVILLE, FL 32246

Current Mailing Address:

10434 MID TOWN PKWY
JACKSONVILLE, FL 32246 US

FEI Number: 59-3147966

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

IRANMANESH, MOHAMMAD R DR.
2814 W WATERS AVE
TAMPA, FL 33614 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: MOHAMMAD R IRANMANESH

10/10/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DR
Name IRANMANESH, MOHAMMAD REZA
Address 4205 CARROLLWOOD VILLAGE
City-State-Zip: TAMPA FL

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: IRANMANESH, MOHAMMAD REZA

PRESIDENT

10/10/2015

Electronic Signature of Signing Officer/Director Detail

Date