

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000001961

Entity Name: LARRY D. BOTZ, M.D., P.A.

Current Principal Place of Business:

200 AVE. F., N.E.
WINTER HAVEN, FL 33881

Current Mailing Address:

430 TALAMONE DRIVE
WINTER HAVEN, FL 33884 US

FEI Number: 59-3161724

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOTZ, LARRY DMD
430 TALAMONE DRIVE
WINTER HAVEN, FL 33884 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 DR
Name BOTZ, LARRY DMD
Address 430 TALAMONE DRIVE
City-State-Zip: WINTER HAVEN FL 33884

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: LARRY D. BOTZ, M.D.

PRESIDENT

03/06/2019

Electronic Signature of Signing Officer/Director Detail

Date