

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000073636

Entity Name: ORACARE DENTAL, P.A.

Current Principal Place of Business:

ORACARE DENTAL, P.A.
320 LEXINGTON GREEN LN
SANFORD, FL 32771

Current Mailing Address:

ORACARE DENTAL, P.A.
320 LEXINGTON GREEN LN
SANFORD, FL 32771 US

FEI Number: 59-3215728

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHETH, JITEN J. BDS
320 LEXINGTON GREEN LN
SANFORD, FL 32771 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 SHETH, JITEN J.
Address 320 LEXINGTON GREEN LN
City-State-Zip: SANFORD FL 32771

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: JITEN J. SHETH

MANAGER

06/04/2015

Electronic Signature of Signing Officer/Director Detail

Date