

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000083120

**Entity Name:** JAMIE L. SHORE, D.D.S., P.A.

**Current Principal Place of Business:**

2665 N HIATUS RD  
COOPER CITY, FL 33026

**Current Mailing Address:**

2665 N HIATUS RD  
COOPER CITY, FL 33026

**FEI Number:** 65-0456601

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHORE, JAMIE L  
2665 N HIATUS RD  
COOPER CITY, FL 33026 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 SHORE, JAMIE L  
Address 2665 N HIATUS RD  
City-State-Zip: COOPER CITY FL 33026

*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:** JAMIE L SHORE, D.D.S., P.A.

**PRESIDENT**

**01/13/2015**

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

\_\_\_\_\_  
Date