

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000011427

Entity Name: DENTAL HEALTH SERVICES OF CITRUS PARK, P.A.

Current Principal Place of Business:

8637 CITRUS PARK DRIVE
TAMPA, FL 33625

Current Mailing Address:

17633 GUNN HIGHWAY
SUITE 364
ODESSA, FL 33556 US

FEI Number: 59-3196506

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALKER, MICHAEL JD.D.S.
8637 CITRUS PARK DRIVE
TAMPA, FL 33625 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 PRES
Name WALKER, MICHAEL JD.D.S.
Address 17633 GUNN HIGHWAY
 SUITE 364
City-State-Zip: ODESSA FL 33556

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: MICHAEL J WALKER

PRESIDENT

03/19/2015

Electronic Signature of Signing Officer/Director Detail

Date