

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000093765

**Entity Name:** LOIS J. LUNDERMANN, D.D.S., P.A.

**Current Principal Place of Business:**

395 VALPARAISO PKWY  
VALPARAISO, FL 32580

**Current Mailing Address:**

P.O. BOX 457  
VALPARAISO, FL 32580-0457

**FEI Number:** 59-3287513

**Certificate of Status Desired:** No

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

LUNDERMAN, LOIS J  
395 VALPARAISO PKWY  
VALPARAISO, FL 32580 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 LUNDERMAN, LOIS J  
Address 211 MOONEY ROAD  
City-State-Zip: FT WALTON BEACH FL 32547

*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:** LOIS J.LUNDERMAN, D.D.S.,P.A.

DENTIST

04/03/2019

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

\_\_\_\_\_  
Date