

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000047707

Entity Name: REBECCA A. FAUNCE, D.M.D., P.A.

Current Principal Place of Business:

160 CYPRESS POINT PKWY
SUITE D-217
PALM COAST, FL 32164

Current Mailing Address:

160 CYPRESS POINT PKWY
SUITE D-217
PALM COAST, FL 32164

FEI Number: 59-3328565

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAUNCE, REBECCA A. D.M.D.
160 CYPRESS POINT PKWY
SUITE D-217
PALM COAST, FL 32164 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 FAUNCE, REBECCA A
Address 160 CYPRESS POINT PKWY. D-217
City-State-Zip: PALM COAST FL 32164

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: REBECCA A FAUNCE, DMD

OWNER

01/22/2014

Electronic Signature of Signing Officer/Director Detail

Date