

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000048134

**Entity Name:** JOHN A. SAMARKOS, D.M.D., P.A.

**Current Principal Place of Business:**

105 NW 75TH ST #1  
GAINESVILLE, FL 32607

**Current Mailing Address:**

105 NW 75TH STREET  
SUITE 1  
GAINESVILLE, FL 32607 US

**FEI Number:** 59-3382948

**Certificate of Status Desired:** No

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

SAMARKOS, JOHN A  
11616 SW 6TH LANE  
GAINESVILLE, FL 32607 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	SAMARKOS, JOHN AD.M.D.
Address	11616 SW 6TH LANE
City-State-Zip:	GAINESVILLE FL 32607

Title	D
Name	SAMARKOS, MARIA AD.M.D.
Address	11616 SW 6TH LANE
City-State-Zip:	GAINESVILLE FL 32607

*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:** JOHN SAMARKOS

**MGR**

**04/19/2017**

Electronic Signature of Signing Officer/Director Detail

Date