

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000078123

Entity Name: PINE PLAZA DENTAL CARE, INC.

Current Principal Place of Business:

12435 COLLIER BLVD
UNIT 105
NAPLES, FL 34116

Current Mailing Address:

12435 COLLIER BLVD
UNIT 105
NAPLES, FL 34116

FEI Number: 59-3403851

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONDORI, FRANKLIN DDS
4560 15TH AVENUE SW
NAPLES, FL 34116 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	PDT	Title	VPT
Name	CONDORI, FRANKLIN DDS	Name	CONDORI, HAYDEE DDS
Address	4560 15TH AVE SW	Address	4560 15TH AVE SW
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES FL 34116

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: CONDORI, FRANKLIN DDS

PDT

03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date