

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000038375

Entity Name: LAWRENCE M. LESPERANCE, D.D.S., P.A.

Current Principal Place of Business:

4950 LEJEUNE ROAD
STE C
CORAL GABLES, FL 33146

Current Mailing Address:

4950 LEJEUNE ROAD
STE C
CORAL GABLES, FL 33146

FEI Number: 65-0752096

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LESPERANCE, LAWRENCE M
4950 LEJEUNE ROAD
SUITE C
CORAL GABLES, FL 33146 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 PTSD
Name LESPERANCE, LAWRENCE M
Address 4950 LEJEUNE ROAD, SUITE C
City-State-Zip: CORAL GABLES FL 33146

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: LAWRENCE M LESPERANCE

PTSD

03/28/2014

Electronic Signature of Signing Officer/Director Detail

Date