2019 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 15, 2019
Secretary of State
3731626236CC

DOCUMENT# P97000079057

Entity Name: ORLANDO DENTAL & MEDICAL CENTER, INC.

Current Principal Place of Business:

2909 NORTH ORANGE AVE.
SUITE 112
ORLANDO, FL 32804

Current Mailing Address:

3333 S. ORANGE AVE
SUITE 201
ORLANDO, FL 32806 US

FEI Number: 59-3467308

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DANIEL, THOMAS A
623 NORTH MAIN STREET
GAINESVILLE, FL 32601 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	VP	Title	P
Name	DAVIES, DANIEL	Name	DAVIES, JOHN P
Address	P.O. BOX 282595	Address	1040 SHINNECOCK HILLS DR
City-State-Zip:	SAN FRANSISCO CA 94128	City-State-Zip:	OVIEDO FL 32765
Title	T	Title	S
Name	BROWN, MARY JANE	Name	DAVIES, SUE D
Address	760 ARJAY WAY	Address	4157 OLD LEEDS LANE
City-State-Zip:	WINTER PARK FL 32768	City-State-Zip:	MOUNTAIN BROOK AL 36213
Title	TREASURER		
Name	BROWN, PAUL H		
Address	760 ARJAY WAY		
City-State-Zip:	WINTER PARK FL 32768		

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 P DAVIES PRESIDENT 08/15/2019

Electronic Signature of Signing Officer/Director Detail — Date