

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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
Name DAVIES, JOHN P
Address 1040 SHINNECOCK HILLS DR
City-State-Zip: OVIEDO FL 32765

Title P
Name BROWN, PAUL H
Address 760 ARJAY WAY
City-State-Zip: WINTER PARK FL 32768

Title T
Name BROWN, MARY JANE
Address 760 ARJAY WAY
City-State-Zip: WINTER PARK FL 32768

Title S
Name DAVIES, DANIEL
Address PO BOX 282595
City-State-Zip: SAN FRANCISCO CA 94128

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 DAVIES

MANAGER

04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date