

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000090269

Entity Name: FLORIDA FAMILY DENTISTRY, P.A.**Current Principal Place of Business:**4 OLD KINGS RD. N.
SUITE A
PALM COAST, FL 32137**Current Mailing Address:**4 OLD KINGS RD. N.
SUITE A
PALM COAST, FL 32137**FEI Number:** 59-3471299**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSTON, GREGORY A
4 OLD KINGS RD. N.
SUITE A
PALM COAST, FL 32137 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	PRESIDENT
Name	JOHNSTON, GREGORY A
Address	4 OLD KINGS RD. N. SUITE A
City-State-Zip:	PALM COAST FL 32137

Title	TREASURER
Name	HAMNER, SELYCETTE
Address	4 OLD KINGS RD. N. SUITE A
City-State-Zip:	PALM COAST FL 32137

Title	VP
Name	RAY, TRAVIS E
Address	4 OLD KINGS RD. N. SUITE A
City-State-Zip:	PALM COAST FL 32137

Title	SECRETARY
Name	JOHNSTON, JORDAN S
Address	4 OLD KINGS RD. N. SUITE A
City-State-Zip:	PALM COAST FL 32137

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: GREGORY JOHNSTON

PRES

05/01/2021

Electronic Signature of Signing Officer/Director Detail_____
Date