

2025 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:

RAY, TRAVIS E
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: TRAVIS RAY

03/17/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title SECRETARY
Name GRIMES, JONATHAN BRIAN DR.
Address 4 OLD KINGS RD. NORTH
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: TRAVIS RAY

PRESIDENT

03/17/2025

Electronic Signature of Signing Officer/Director Detail

Date