

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000014410

**Entity Name:** SEASIDE CHILDREN'S DENTISTRY INC.

**Current Principal Place of Business:**

1100-2 S. PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

1100-2 S PONCE DE LEON BLVD.  
ST AUGUSTINE, FL 32084 US

**FEI Number:** 59-3493889

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCLELLAN, MATTHEW  
1100-2 S. PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084 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 DR  
Name MCLELLAN, MATT  
Address 7 DEBRA LANE  
City-State-Zip: PALM COAST FL 32137

Title DR  
Name MCLELLAN, BARBARA  
Address 7 DEBRA LANE  
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:** MATTHEW MCLELLAN

DR

02/21/2017

Electronic Signature of Signing Officer/Director Detail

Date