

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000058476

Entity Name: NANCY E. PHILLIPS, DDS, P.A.

Current Principal Place of Business:

428 E COLLEGE AVE
TALLAHASSEE, FL 32301

Current Mailing Address:

428 E COLLEGE AVE
TALLAHASSEE, FL 32301

FEI Number: 59-3527066

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHILLIPS, NANCY E
428 E COLLEGE AVE
TALLAHASSEE, FL 32301 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 P
Name PHILLIPS, NANCY E DDS
Address 428 E COLLEGE AVE
City-State-Zip: TALLAHASSEE FL 32301

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: NANCY E PHILLIPS, DDS

PRESIDENT

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date