

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000108155

Entity Name: DOUGLAS L. EVANS, D.M.D., P.A.

Current Principal Place of Business:

237 JOHN KNOX RD
TALLAHASSEE, FL 32303

Current Mailing Address:

237 JOHN KNOX RD
TALLAHASSEE, FL 32303

FEI Number: 59-3556439

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENTON, RICHARD E
1415 E PIEDMONT DR, SUITE 4
TALLAHASSEE, FL 32312 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 EVANS, DOUGLAS L
Address 237 JOHN KNOX RD
City-State-Zip: TALLAHASSEE FL 32303

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: DOUGLAS L EVANS, DMD

PRESIDENT

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date