

**2017 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**

**02/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date