

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S05507

**Entity Name:** FROUG ELLENTON DENTAL CENTER, P.A.

**Current Principal Place of Business:**

6222 US HWY 301 N  
ELLENTON, FL 34222

**Current Mailing Address:**

6222 US HWY 301 N  
ELLENTON, FL 34222 US

**FEI Number: 59-3034022**

**Certificate of Status Desired: No**

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

FROUG, JAY RPRES  
6222 US HWY 301 N  
ELLENTON, FL 34222 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            DIRECTOR  
Name            FROUG, JAY R  
Address        6222 US HWY 301 N  
City-State-Zip: ELLENTON FL 34222

*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: JAY R. FROUG**

**PRESIDENT**

**03/05/2017**

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

\_\_\_\_\_ Date