

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S22156

**Entity Name:** FRIENDSHIP CENTER DENTAL OFFICE, INC.

**Current Principal Place of Business:**

2701 SW 34TH ST.  
SUITE 200  
OCALA, FL 34474

**Current Mailing Address:**

2701 SW 34TH ST.  
SUITE 200  
OCALA, FL 34474 US

**FEI Number:** 59-3061147

**Certificate of Status Desired:** No

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

BUCY, BARBARA DMD  
2701 SW 34TH ST  
SUITE 200  
OCALA, FL 34474 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 BUCY, BARBARA DMD  
Address 2701 SW 34TH ST  
City-State-Zip: Ocala FL 34474

*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:** BARBARA BUCY

DENTIST

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date