

2015 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

OWNER

01/05/2015

Electronic Signature of Signing Officer/Director Detail

Date