

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S94511

**Entity Name:** CROWN DENTAL, INC.

**Current Principal Place of Business:**

4812 N HABANA AVENUE  
TAMPA, FL 33614

**Current Mailing Address:**

4812 N HABANA AVENUE  
TAMPA, FL 33614 US

**FEI Number:** 59-3094219

**Certificate of Status Desired:** No

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

RUIZ, HUGO  
4812 N HABANA AVENUE  
TAMPA, FL 33614 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 PSTD  
Name RUIZ, HUGO  
Address 4812 N HABANA AVENUE  
City-State-Zip: TAMPA FL 33614

Title D  
Name RUIZ, AMY  
Address 4812 N HABANA AVENUE  
City-State-Zip: TAMPA FL 33614

*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:** HUGO RUIZ

PSTD

02/03/2016

Electronic Signature of Signing Officer/Director Detail

Date