

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V38334

**Entity Name:** HANS R. SALHEISER, D.M.D., P.A.

**Current Principal Place of Business:**

3400 SOUTH TAMIAMI TRAIL  
SUITE 203  
SARASOTA, FL 34239

**Current Mailing Address:**

3400 SOUTH TAMIAMI TRAIL  
SUITE 203  
SARASOTA, FL 34239 US

**FEI Number:** 59-3129546

**Certificate of Status Desired:** No

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

COMPTON, JENNIFER  
240 SOUTH PINEAPPLE AVENUE  
SARASOTA, FL 34236 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 HANS R. SALHEISER, DMD, PA  
Address 3400 S TAMIAMI TRL  
City-State-Zip: SARASOTA FL 34239

*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:** HANS R SALHEISER, DMD

**DOCTOR**

**01/10/2017**

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

\_\_\_\_\_  
Date