

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000099857

**Entity Name:** KELLIE PAXTON, D.M.D., M.S., P.A.

**Current Principal Place of Business:**

2711 EXECUTIVE PARK DRIVE  
SUITE 1  
WESTON, FL 33331

**Current Mailing Address:**

2711 EXECUTIVE PARK DRIVE  
SUITE 1  
WESTON, FL 33331 US

**FEI Number: 26-3672578**

**Certificate of Status Desired: No**

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

PAXTON, KELLIE DMD MS  
4200 NORTH OCEAN DRIVE  
HOLLYWOOD, FL 33019 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 P  
Name PAXTON, KELLIE DMD MS  
Address 4200 NORTH OCEAN DRIVE  
City-State-Zip: HOLLYWOOD FL 33019

*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: KELLIE PAXTON**

**PRESIDENT**

**01/05/2013**

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

\_\_\_\_\_  
Date