

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000099857

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

Current Principal Place of Business:

120 AUDREY LANE
MOORESVILLE, NC 28117

Current Mailing Address:

120 AUDREY LANE
MOORESVILLE, NC 28117 US

FEI Number: 26-3672578

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAXTON, KELLIE DMD MS
120 AUDREY LANE
MOORESVILLE, FL 28117 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 120 AUDREY LANE
City-State-Zip: MOORESVILLE NC 28117

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 DMD MS

PRESIDENT

03/31/2014

Electronic Signature of Signing Officer/Director Detail

Date