# SIGNA

Electronic Signature of Signing Officer/Director Detail

# 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 601500** 

Entity Name: GARY R. WEIDER, D.M.D., P.A.

#### **Current Principal Place of Business:**

21355 EAST DIXIE HWY #105 AVENTURA, FL 33180

# **Current Mailing Address:**

21355 EAST DIXIE HWY #105 AVENTURA, FL 33180

# FEI Number: 59-1273523

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

WEIDER, GARY R., D.M.D. 21355 EAST DIXIE HWY #105 AVENTURA, FL 33180 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

#### **Officer/Director Detail :**

Title	PDT	Title	S
Name	WEIDER, GARY R	Name	WEIDER, ILEANA S
Address	21355 E DIXIE HWY #105	Address	21355 E DIXIE HWY, #105
City-State-Zip:	MIAMI FL 33180	City-State-Zip:	AVENTURA FL 33180

04/05/2023 PRESIDENT

FILED Apr 05, 2023 Secretary of State 9903717020CC

Certificate of Status Desired: No

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.

Date

Date