

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 698203

**Entity Name:** SHAH DENTAL SERVICES, P.A.

**Current Principal Place of Business:**

123 S. INDUSTRIAL DRIVE  
ORANGE CITY, FL 32763

**Current Mailing Address:**

123 S. INDUSTRIAL DRIVE  
ORANGE CITY, FL 32763 US

**FEI Number:** 59-2123701

**Certificate of Status Desired:** No

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

SHASHIKANT SHAH  
123 S. INDUSTRIAL DRIVE  
ORANGE CITY, FL 32763 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 PST  
Name SHASHIKANT SHAH  
Address 724 SILVERWOOD DR.  
City-State-Zip: LAKE MARY FL 32746

*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:** SHASHIKANT SHAH

**PRESIDENT**

**01/31/2019**

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

\_\_\_\_\_ Date