

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F44035

**Entity Name:** CHARLES H. KATES, D.D.S, P.A.

**Current Principal Place of Business:**

19190 NE 21 CT  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

19190 NE 21 CT  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number:** 59-2124293

**Certificate of Status Desired:** No

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

KATES, ADELE MRS.  
19190 NE 21 CT  
NORTH MIAMI BEACH, FL 33179 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 PD  
Name KATES, CHARLES H. D.D.S.  
Address 19190 NE 21 CT  
City-State-Zip: N MIAMI BEACH FL 33179

Title S  
Name KATES, ADELE M.ED  
Address 19190 NE 21 CT  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*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:** CHARLES H. KATES,D.D.S.

**PRESIDENT**

**02/11/2018**

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

\_\_\_\_\_  
Date