

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F65736

**Entity Name:** FREDERICK E. KNOLL, D.D.S., P.A.

**Current Principal Place of Business:**

2627 NE 203RD ST  
SUITE 112  
AVENTURA, FL 33180

**Current Mailing Address:**

C/O FREDERICK E. KNOLL DDS  
2627 NE 203RD ST SUITE112  
AVENTURA, FL 33180 US

**FEI Number:** 59-2159928

**Certificate of Status Desired:** Yes

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

KNOLL, FREDERICK E., D.D.S.  
2627 NE 203RD ST  
SUITE 112  
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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name KNOLL, FREDERICK E  
Address 21130 NE 23RD CT  
City-State-Zip: MIAMI FL 33180

Title T  
Name KNOLL, ANNE  
Address 21130 NE 23RD CT  
City-State-Zip: MIAMI FL 33180

*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:** FREDERICK KNOLL DDS

**PRESIDENT**

**01/29/2019**

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

\_\_\_\_\_  
Date