

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K17900

**Entity Name:** MEADOWS DENTAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

4987 RINGWOOD MEADOW  
SARASOTA, FL 34235

**Current Mailing Address:**

4987 RINGWOOD MEADOW  
SARASOTA, FL 34235 US

**FEI Number:** 65-0035352

**Certificate of Status Desired:** No

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

MCCABE, TODD DMD  
4987 RINGWOOD MEADOW  
SARASOTA, FL 34235 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:** TODD MCCABE DMD

04/10/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name ZAMORA DMD , IVAN  
Address 4987 RINGWOOD MEADOW  
City-State-Zip: SARASOTA FL 34235

Title P  
Name MCCABE D.M.D, TODD W  
Address 4987 RINGWOOD MEADOW  
City-State-Zip: SARASOTA FL 34235

*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:** TODD MCCABE DMD

**PRESIDENT**

04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date