

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000055792

**Entity Name:** MICHAEL T. ROBINSON, III, D.M.D., P.A.

**Current Principal Place of Business:**

6280 SUNSET DRIVE #404  
MIAMI, FL 33143

**Current Mailing Address:**

6280 SUNSET DRIVE #404  
MIAMI, FL 33143

**FEI Number:** 65-1017733

**Certificate of Status Desired:** No

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

ISRIEL, RONALD JESQ  
80 S.W. 8TH STREET STE 1720  
MIAMI, FL 33130 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 DP  
Name ROBINSON, MICHAEL TIII  
Address 6280 SUNSET DRIVE #404  
City-State-Zip: MIAMI FL 33143

*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:** MICHAEL ROBINSON

**PRESIDENT**

**01/18/2023**

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

\_\_\_\_\_ Date