

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000033954

**Entity Name:** R. CLAUDIO D.M.D., M.D., P.A.

**Current Principal Place of Business:**

2720 PARK DR  
CLEARWATER, FL 33763

**Current Mailing Address:**

2720 PARK DR  
CLEARWATER, FL 33763

**FEI Number:** 59-3707470

**Certificate of Status Desired:** No

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

CLAUDIO, M.D., R. DMD  
2720 PARK DR  
CLEARWATER, FL 33763 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 PSTD  
Name CLAUDIO, REINALDO  
Address 2720 PARK DR  
City-State-Zip: CLEARWATER FL 33763

*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:** REINALDO CLAUDIO

**PRESIDENT**

**04/18/2019**

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

\_\_\_\_\_  
Date