

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000051751

**FILED**  
**Jan 05, 2018**  
**Secretary of State**  
**CC4160843210**

**Entity Name:** FAMILY AND COSMETIC DENTISTRY OF TEMPLE TERRACE,  
P.A.

**Current Principal Place of Business:**

224 E BULLARD PKY  
TEMPLE TERRACE, FL 33617

**Current Mailing Address:**

224 E BULLARD PKY  
TEMPLE TERRACE, FL 33617

**FEI Number: 36-4464557**

**Certificate of Status Desired: No**

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

CABRERA, FERNANDO  
621 GREENWICH DR  
TAMPA, FL 33647 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            D  
Name            CABRERA, LUZ E  
Address        6214 GREENWICH DR  
City-State-Zip: TAMPA FL 33647

*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: LUZ E CABRERA**

**PRESIDENT**

**01/05/2018**

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

\_\_\_\_\_  
Date