

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000121397

**Entity Name:** LUIS M. SANTAMARINA, D.M.D., P.A.

**Current Principal Place of Business:**

330 S.W. 27TH AVENUE  
SUITE 602  
MIAMI, FL 33135

**Current Mailing Address:**

330 S.W. 27TH AVENUE  
SUITE 602  
MIAMI, FL 33135 US

**FEI Number:** 80-0005056

**Certificate of Status Desired:** No

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

VEGA, ALBERT P CPA  
306 ALCAZAR AVE., STE 302  
CORAL GABLES, FL 33134 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:** ALBERT VEGA

02/11/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name SANTAMARINA, LUIS M  
Address 900 SANTIAGO STREET  
City-State-Zip: CORAL GABLES FL 33134

*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:** LUIS M SANTAMARINA

DENTIST

02/11/2021

Electronic Signature of Signing Officer/Director Detail

Date