

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000070744

**Entity Name:** TARAS ROUD, DMD, P.A.

**Current Principal Place of Business:**

3319 STATE ROAD 7,  
SUITE #307  
WELLINGTON, FL 33449

**Current Mailing Address:**

3319 STATE ROAD 7,  
SUITE #307  
WELLINGTON, FL 33449 US

**FEI Number:** 42-1598932

**Certificate of Status Desired:** No

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

ROUD, TARAS DMD PA  
3319 STATE ROAD 7  
SUITE 307  
WELLINGTON, FL 33449 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 DR.  
Name ROUD, TARAS  
Address 3319 STATE ROAD 7,  
SUITE #307  
City-State-Zip: WELLINGTON FL 33449

*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:** TARAS ROUD

**OWNER**

**03/01/2019**

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

\_\_\_\_\_  
Date