

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000102249

**Entity Name:** NEMETZ DENTAL ASSOCIATES, INC.

**FILED**  
**Feb 01, 2024**  
**Secretary of State**  
**3034399848CC**

**Current Principal Place of Business:**

12421 SAN JOSE BLVD  
STE 310  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

12421 SAN JOSE BLVD  
STE 310  
JACKSONVILLE, FL 32223

**FEI Number:** 90-0112214

**Certificate of Status Desired:** No

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

ROBERT, NEMETZ  
12421 SAN JOSE BLVD.  
SUITE 310  
JACKSONVILLE, FL 32223 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            OWNER  
Name            NEMETZ, ROBERT J  
Address        12421 SAN JOSE BLVD, STE 310  
City-State-Zip: JACKSONVILLE FL 32223

Title            CO-OWNER  
Name            NEMETZ, MARINELA M.  
Address        12421 SAN JOSE BLVD STE 310  
City-State-Zip: JACKSONVILLE FL 32223

*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:** ROBERT NEMETZ

**OWNER**

**02/01/2024**

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

\_\_\_\_\_  
Date