

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103838

Entity Name: DESIGNER DENTISTRY, P.A.

Current Principal Place of Business:

784 US HWY 1
SUITE 10
NORTH PALM BEACH, FL 33408

Current Mailing Address:

784 US HWY 1
SUITE 10
NORTH PALM BEACH, FL 33408 US

FEI Number: 51-0484681

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACOSTA, ADRIAN
814 LINCOLN COURT
PALM BEACH GARDENS, FL 33410 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 ACOSTA, ADRIAN
Address 814 LINCOLN COURT
City-State-Zip: PALM BEACH GARDENS FL 33410

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: ADRIAN ACOSTA

PRESIDENT

04/19/2024

Electronic Signature of Signing Officer/Director Detail

Date