

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000103838

**Entity Name:** ACOSTA DENTAL ARTS, 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**

**03/03/2023**

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

\_\_\_\_\_  
Date