

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112734

Entity Name: ISLAND DENTAL SPA, PA

Current Principal Place of Business:

900 NORTH FEDERAL HIGHWAY
SUITE 308
HALLANDALE, FL 33009

Current Mailing Address:

900 NORTH FEDERAL HIGHWAY
SUITE 308
HALLANDALE, FL 33009 US

FEI Number: 80-0861678

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALDES, JUAN C
900 NORTH FEDERAL HWY, STE 308
HALLANDALE, FL 33009 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	P	Title	DR
Name	ATANES, ANA	Name	VALDES, JUAN C
Address	500 94TH STREET	Address	500 94TH STREET
City-State-Zip:	SURFSIDE FL 33154	City-State-Zip:	SURFSIDE FL 33154

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: JUAN VALDES

OWNER- DENTIST

01/05/2018

Electronic Signature of Signing Officer/Director Detail

Date