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: FRANKLIN RIOS

Electronic Signature of Signing Officer/Director Detail

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120858

Entity Name: CYPRESS POINT FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

8130 BAYMEADOWS CIR. W 103 JACKSONVILLE, FL 32256

Current Mailing Address:

8130 BAYMEADOWS CIR. W 103 JACKSONVILLE, FL 32256

FEI Number: 20-1522709

Name and Address of Current Registered Agent:

RIOS, FRANKLIN M 8130 BAYMEADOWS CIR W **STE 103** JACKSONIVLLE, FL 32256 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: FRANKLIN M. RIOS

Electronic Signature of Registered Agent

Officer/Director Detail :

Title Р **RIOS, FRANKLIN M** Name 7968 MONTEREY BAY DRIVE Address City-State-Zip: JACKSONVILLE FL 32216

Certificate of Status Desired: No

01/31/2022 PRESIDENT

Date

01/31/2022

Date

FILED Jan 31, 2022 Secretary of State 0431236568CC