

**2021 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

**Certificate of Status Desired:** No

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

RIOS, FRANKLIN M  
8130 BAYMEADOWS CIR W  
STE 103  
JACKSONVILLE, 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

02/05/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

*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 M. RIOS

OWNER

02/05/2021

Electronic Signature of Signing Officer/Director Detail

Date