

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000170093

**Entity Name:** DENNIS R. RINALDI, D.M.D., P.A.

**Current Principal Place of Business:**

8747 SW VICO WAY  
PORT ST LUCIE, FL 34987

**Current Mailing Address:**

8747 SW VICO WAY  
PORT ST LUCIE, FL 34987 US

**FEI Number:** 20-2027016

**Certificate of Status Desired:** No

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

RINALDI, DENNIS R  
8747 SW VICO WAY  
PORT ST LUCIE, FL 34987 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           PTD  
Name           RINALDI, DENNIS R  
Address        8747 SW VICO WAY  
City-State-Zip: PORT ST LUCIE FL 34987

Title           S  
Name           RINALDI, DEBORAH A  
Address        8747 SW VICO WAY  
City-State-Zip: PORT ST LUCIE FL 34987

*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:** DENNIS R RINALDI DMD PA

**PRESIDENT**

**04/28/2023**

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

\_\_\_\_\_  
Date