

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000118693

Entity Name: MALO DENTAL PROSTHODONTICS PA

Current Principal Place of Business:

2525 EMBASSY LAKES DR
SUITE 1
COOPER CITY, FL 33026

Current Mailing Address:

3408 W 84TH ST
STE 106
HIALEAH, FL 33018 US

FEI Number: 20-3475527

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALO, MAURICIO
2520 BAY POINTE CT
WESTON, FL 33327 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 D
Name MALO, MAURICIO
Address 2520 BAY POINTE CT
City-State-Zip: WESTON FL 33327

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: MAURICIO MALO

PRESIDENT

03/09/2018

Electronic Signature of Signing Officer/Director Detail

Date