

**2017 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**

**04/06/2017**

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

\_\_\_\_\_  
Date