## 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. 02/20/2018

VP

# SIGNATURE: ALAIN POULERIGUEN

Electronic Signature of Signing Officer/Director Detail

# 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# P0600004597

#### Entity Name: LASER & COSMETIC DENTISTRY OF DELRAY, INC.

#### **Current Principal Place of Business:**

15300 JOG ROAD SUITE 210 DELRAY BEACH, FL 33446

#### **Current Mailing Address:**

15300 JOG ROAD SUITE 210 DELRAY BEACH, FL 33446

#### FEI Number: 74-3158556

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

ANTONIO, FESTA 15300 JOG ROAD STE 210 DELRAY BEACH, FL 33446 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	: ANTONIO FESTA			02/20/2018
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Р	Title	VP	
Name	FIGUEROA, JUAN	Name	POULERIGUEN, ALAIN	
Address	15300 JOG ROAD, STE 210	Address	15300 JOG ROAD, STE 210	
City-State-Zip:	DELRAY BEACH FL 33446	City-State-Zip:	DELRAY BEACH FL 33446	
Title	S	Title	т	
THE	0	1110	•	
Name	FESTA, ANTONIO	Name	POULERIGUEN, ALAIN	
Address	15300 JOG ROAD, STE 210	Address	15300 JOG ROAD, STE 210	
City-State-Zip:	DELRAY BEACH FL 33446	City-State-Zip:	DELRAY BEACH FL 33446	

Certificate of Status Desired: No

FILED Feb 20, 2018 Secretary of State CC1203964457