

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000047686

**Entity Name:** MARIA GABRIELA MANTELLINI, D.D.S., P.A.

**Current Principal Place of Business:**

4391 SW 141ST AVE  
DAVIE, FL 33330

**Current Mailing Address:**

4391 SW 141ST AVE  
DAVIE, FL 33330 US

**FEI Number:** 20-4648234

**Certificate of Status Desired:** No

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

MANTELLINI, MARIA G  
4391 SW 141ST AVE  
DAVIE, FL 33330 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           | P                   | Title           | AUTHORIZED MEMBER |
| Name            | MANTELLINI, MARIA G | Name            | RIQUEZES, LUIS    |
| Address         | 4391 SW 141ST AVE   | Address         | 4391 SW 141ST AVE |
| City-State-Zip: | DAVIE FL 33330      | City-State-Zip: | DAVIE FL 33330    |

*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:** MARIA G MANTELLINI

**PRESIDENT**

**03/11/2024**

Electronic Signature of Signing Officer/Director Detail

Date