FEI Number: 20-5495923			Certificate of Status Desired: No			
Name and Address of Current Registered Agent:						
MEMON, AARON MDR. 14500 TAMIAMI TRAIL NORTH PORT, FL 34287 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	AARON MEMON			01/25/2024		
	Electronic Signature of Registered Agent			Date		
Officer/Dire	ctor Detail :					
Title	DR.	Title	VP			
Name	MEMON, AARON M	Name	ASHBURN, KIMBERLY			
Address	14500 TAMIAMI TRAIL	Address	14500 TAMIAMI TRAIL			
City-State-Zip:	NORTH PORT FL 34287	City-State-Zip:	NORTH PORT FL 34287			

14500 TAMIAMI TRAIL NORTH PORT, FL 34287 US

FEI NI . . .

Current Mailing Address:

Na

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: MEMON, AARON M

MANAGER

01/25/2024

Date

Electronic Signature of Signing Officer/Director Detail

FILED Jan 25, 2024 **Secretary of State** 3285097669CC

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000115259

Entity Name: AARON MEMON, DMD P.A.

Current Principal Place of Business:

14500 TAMIAMI TRAIL NORTH PORT, FL 34287

Of

Title	DR.	Title	VP
Name	MEMON, AARON M	Name	ASHBURN, KIMBERLY
Address	14500 TAMIAMI TRAIL	Address	14500 TAMIAMI TRAIL
City-State-Zip:	NORTH PORT FL 34287	City-State-Zip:	NORTH PORT FL 34287