

**2021 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

**Current Mailing Address:**

14500 TAMIAMI TRAIL  
NORTH PORT, FL 34287 US

**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

03/23/2021

Electronic Signature of Registered Agent

Date

**Officer/Director 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

*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:** AARON MEMON

**PRESIDENT**

03/23/2021

Electronic Signature of Signing Officer/Director Detail

Date