

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000028132

**FILED**  
**Apr 16, 2019**  
**Secretary of State**  
**3319135541CC**

**Entity Name:** URREA-FELDSBERG DDS, MDS PA

**Current Principal Place of Business:**

4420 SHERIDAN STREET  
SUITE E  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

4420 SHERIDAN STREET  
SUITE E  
HOLLYWOOD, FL 33021 US

**FEI Number:** 20-8577828

**Certificate of Status Desired:** No

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

URREA-FELDSBERG, HELENA  
4420 SHERIDAN STREET  
SUITE E  
HOLLYWOOD, FL 33021 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  
Name URREA-FELDSBERG, HELENA  
Address 5440 SHADY OAK LANE  
City-State-Zip: FT. LAUDERDALE FL 33312

Title CFO  
Name FELDSBERG, DANIEL  
Address 5440 SHADY OAK LANE  
City-State-Zip: FT. LAUDERDALE FL 33312

Title OFFICER  
Name FELDSBERG, ELIANA  
Address 5440 SHADY OAK LANE  
City-State-Zip: FT LAUDERDALE FL 33312

Title OFFICER  
Name FELDSBERG, DAVID  
Address 5440 SHADY OAK LANE  
City-State-Zip: FT LAUDERDALE FL 33312

Title OFFICER  
Name FELDSBERG, MAURICIO  
Address 5440 SHADY OAK LANE  
City-State-Zip: FT LAUDERDALE FL 33312

*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:** DANIEL FELDSBERG

**CFO**

**04/16/2019**

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

\_\_\_\_\_  
Date