

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000102584

**Entity Name:** CHRISTINA SMITH DDS, P.A.

**Current Principal Place of Business:**

1 NORTH OCEAN BLVD.  
1202  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

1 NORTH OCEAN BLVD.  
1202  
POMPANO BEACH, FL 33062 US

**FEI Number:** 26-3771477

**Certificate of Status Desired:** No

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

SMITH, CHRISTINA DDS  
1 NORTH OCEAN BLVD.  
1202  
POMPANO BEACH, FL 33062 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 SMITH, CHRISTINA  
Address 1 NORTH OCEAN BLVD.  
City-State-Zip: POMPANO BEACH FL 33062

*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:** CHRISTINA SMITH DDS

**PRESIDENT**

**01/23/2020**

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

\_\_\_\_\_  
Date