

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000007186

**Entity Name:** 4POINTS DENTAL DESIGNS, INC.

**Current Principal Place of Business:**

100 2ND. AVE SOUTH  
203-N  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

100 2ND. AVE SOUTH  
203-N  
ST. PETERSBURG, FL 33701

**FEI Number:** 26-4140371

**Certificate of Status Desired:** No

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

SONNTAG, RICHARD H  
3300 1ST STREET NORTH  
ST. PETERSBURG, FL 33704 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 PVPS  
Name SONNTAG, RICHARD H  
Address 3300 1ST STREET NORTH  
City-State-Zip: ST. PETERSBURG FL 33704

Title T  
Name SONNTAG, RICHARD H  
Address 3300 1ST STREET NORTH  
City-State-Zip: ST. PETERSBURG FL 33704

*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:** RICHARD SONNTAG

**PRESIDENT**

**03/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date