

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000061559

**FILED**  
**Apr 14, 2020**  
**Secretary of State**  
**1751469562CC**

**Entity Name:** DANA E VITAL DDS PA

**Current Principal Place of Business:**

1250 SW 27 AVE, SUITE 206  
MIAMI, FL 33135

**Current Mailing Address:**

1250 SW 27 AVE, SUITE 206  
MIAMI, FL 33135 US

**FEI Number:** 80-0454227

**Certificate of Status Desired:** No

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

VITAL, DANA E  
1250 SW 27 AVE, SUITE 206  
MIAMI, FL 33135 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	Title	VP
Name	VITAL, DANA E	Name	VITAL, LEDIA
Address	1250 SW 27 AVE, SUITE 206	Address	1250 SW 27 AVE, SUITE 206
City-State-Zip:	MIAMI FL 33135	City-State-Zip:	MIAMI FL 33135

*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:** DANA E VITAL

**PRESIDENT**

**04/14/2020**

Electronic Signature of Signing Officer/Director Detail

Date