

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000073228

**Entity Name:** STEVEN CRANE D.M.D., P.A.

**Current Principal Place of Business:**

10111 FOREST HILL BLVD  
#331  
WELLINGTON, FL 33414

**FILED**  
**May 24, 2019**  
**Secretary of State**  
**0997473908CC**

**Current Mailing Address:**

9790 PALMA VISTA WAY  
BOCA RATON, FL 33428 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

CRANE, STEVEN  
9790 PALMA VISTA WAY  
BOCA RATON, FL 33428 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            PSTD  
Name            CRANE, STEVEN  
Address        9790 PALMA VISTA WAY  
City-State-Zip: BOCA RATON FL 33428

Title            D  
Name            CRANE, NOAH  
Address        9790 PALMA VISTA WAY  
City-State-Zip: BOCA RATON FL 33428

*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: STEVEN CRANE**

**AMBR**

**05/24/2019**

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

\_\_\_\_\_  
Date