

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000012092

**Entity Name:** MANUEL A. JIMENEZ DMD P.A.

**Current Principal Place of Business:**

4950 LEJEUNE ROAD  
SUITE B  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4950 LEJEUNE ROAD  
SUITE B  
CORAL GABLES, FL 33146 US

**FEI Number:** 27-1894077

**Certificate of Status Desired:** No

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

JIMENEZ, MANUEL A DR.  
4950 LEJEUNE ROAD  
SUITE B  
CORAL GABLES, FL 33146 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:** MANUEL JIMENEZ

04/25/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSTD  
Name JIMENEZ, MANUEL A DR.  
Address 4950 LEJEUNE ROAD  
SUITE B  
City-State-Zip: CORAL GABLES FL 33146

*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:** MANUEL JIMENEZ DMD

PRESIDENT

04/25/2015

Electronic Signature of Signing Officer/Director Detail

Date