

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000068743

**Entity Name:** GEMINI DENTAL, P.A.

**Current Principal Place of Business:**

10449 NW 41ST ST  
MIAMI, FL 33178

**Current Mailing Address:**

10449 NW 41ST ST  
MIAMI, FL 33178

**FEI Number:** 45-3060282

**Certificate of Status Desired:** No

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

VELIS, LUIS A  
10449 NW 41ST ST  
MIAMI, FL 33178 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 DR  
Name VELIS, LUIS A  
Address 10449 NW 41ST ST  
City-State-Zip: MIAMI FL 33178

*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:** LUIS A. VELIS

DR

05/01/2016

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

\_\_\_\_\_  
Date