

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000000841

**Entity Name:** ALTAMONTE MALL DENTAL, P.A.

**Current Principal Place of Business:**

451 EAST ALTAMONTE DRIVE  
SUITE 1279  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

C/O ROSTISLAV KRASNOV, DDS  
333 SE 2ND AVE SUITE 2520  
MIAMI, FL 33131 US

**FEI Number:** 45-4194371

**Certificate of Status Desired:** No

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

KRASNOV, ROSTISLAV  
C/O ROSTISLAV KRASNOV, DDS  
333 SE 2ND AVE SUITE 2520  
MIAMI, FL 33131 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:** ROSTISLAV KRASNOV

02/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name KRASNOV, ROSTISLAV DDS  
Address 17749 COLLINS AVENUE  
SUITE 2902  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** ROSTISLAV KRASNOV

PRES

02/08/2024

Electronic Signature of Signing Officer/Director Detail

Date