

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000017901

**Entity Name:** 4350 DENTAL, P.A.

**Current Principal Place of Business:**

4350 SHERIDAN ST  
SUITE 201E  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

4350 SHERIDAN ST  
SUITE # 201E  
HOLLYWOOD, FL 33021 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BOBADILLA, PATRICIA MMRS.  
2500 E. HALLANDALE BCH. BLVD.  
SUITE # 601  
HALLANDALE BEACH, FL 33009 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.  
Name BOBADILLA, PATRICIA MMRS.  
Address 2500 E. HALLANDALE BCH. BLVD.  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** PATRICIA BOBADILLA

**PRESIDENT**

**03/05/2021**

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

\_\_\_\_\_  
Date