

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000054791

Entity Name: PAOLA CORREA, DMD, PA

Current Principal Place of Business:

19101 MYSTIC POINTE DR.
1102
AVENTURA, FL 33180

Current Mailing Address:

19101 MYSTIC POINTE DR.
1102
AVENTURA, FL 33180 US

FEI Number: 46-3057348

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORREA, PAOLA M D.M.D.
19101 MYSTIC POINTE DR.
1102
AVENTURA, FL 33180 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 CORREA, PAOLA M D.M.D.
Address 19101 MYSTIC POINTE DR.
1102
City-State-Zip: AVENTURA FL 33180

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: PAOLA M. CORREA DMD

PRESIDENT

02/26/2019

Electronic Signature of Signing Officer/Director Detail

Date