

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000011899

**Entity Name:** KIDZONE DENTISTRY, P.A.

**Current Principal Place of Business:**

13127 KINGS LAKE DRIVE  
SUITE #101  
GIBSONTON, FL 33534

**Current Mailing Address:**

6815 SCENIC DRIVE  
APOLLO BEACH, FL 33572

**FEI Number: 46-4767301**

**Certificate of Status Desired: No**

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

FALEMBAN, MOUNIKA  
6815 SCENIC DRIVE  
APOLLO BEACH, FL 33572 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            CEO  
Name            FALEMBAN, MOUNIKA DR.  
Address        6815 SCENIC DRIVE  
City-State-Zip: APOLLO BEACH FL 33572

Title            CO-TRUSTEE  
Name            MARSHALL, DANIEL P  
Address        6815 SCENIC DRIVE  
City-State-Zip: APOLLO BEACH FL 33572

*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: MOUNIKA FALEMBAN**

**CEO**

**01/30/2022**

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

\_\_\_\_\_  
Date