

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000032275

Entity Name: MAM DENTAL PA

Current Principal Place of Business:

1436 MEADOWS BLVD
WESTON, FL 33327

Current Mailing Address:

1436 MEADOWS BLVD
WESTON, FL 33327 US

FEI Number: 47-3676121

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAGURNO, MARIA A
1436 MEADOWS BLVD
WESTON, FL 33327 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 MAGURNO, MARIA A
Address 1436 MEADOWS BLVD
City-State-Zip: WESTON FL 33327

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: MARIA ALEJANDRA MAGURNO

DR

04/19/2018

Electronic Signature of Signing Officer/Director Detail

Date