

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000063288

**Entity Name:** MARCELA ECHEVERRY DMD P.A.

**Current Principal Place of Business:**

1370 W GOLFVIEW DR  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

1370 W GOLFVIEW DR  
PEMBROKE PINES, FL 33026 US

**FEI Number:** 47-4692724

**Certificate of Status Desired:** No

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

ECHEVERRY, MARCELA MRS.  
1370 W GOLFVIEW DR  
PEMBROKE PINES, FL 33026 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 ECHEVERRY, MARCELA MRS.  
Address 1370 W GOLFVIEW DR  
City-State-Zip: PEMBROKE PINES FL 33026

*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:** MARCELA ECHEVERRY

MRS

03/16/2017

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

\_\_\_\_\_ Date