

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000014867

**Entity Name:** FAMILY & COSMETIC DENTISTRY AND WELLNESS SPA PA

**Current Principal Place of Business:**

1048 KANE CONCOURSE  
BAY HARBOR ISLANDS, FL 33154

**Current Mailing Address:**

1048 KANE CONCOURSE  
BAY HARBOR ISLANDS, FL 33154 US

**FEI Number: 81-5402371**

**Certificate of Status Desired: No**

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

RIPA, ANATOLY  
1048 KANE CONCOURSE  
BAY HARBOR ISLANDS, FL 33154 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 PTSP  
Name RIPA, ANATOLY  
Address 10275 COLLINS AVE STE 100  
City-State-Zip: BAL HARBOUR FL 33154

*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: ANATOLY RIPA**

**PTSD**

**04/25/2019**

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

\_\_\_\_\_  
Date