

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000056574

**Entity Name:** HUSSEIN SALIFU DDS PA

**Current Principal Place of Business:**

200 FOREST LAKE BLVD.  
SUITE 3  
DAYTONA BEACH, FL 32119

**Current Mailing Address:**

200 FOREST LAKE BLVD.  
SUITE 3  
DAYTONA BEACH, FL 32119

**FEI Number:** 82-2047816

**Certificate of Status Desired:** No

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

SALIFU, HUSSEIN  
200 FOREST LAKE BLVD.  
SUITE 3  
DAYTONA BEACH, FL 32119 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 SALIFU, HUSSEIN  
Address 200 FOREST LAKE BLVD., SUITE 3  
City-State-Zip: DAYTONA BEACH FL 32119

Title T  
Name WILLIAMS, MARIAAH  
Address 200 FOREST LAKE BLVD., SUITE 3  
City-State-Zip: DAYTONA BEACH FL 32119

*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:** HUSSEIN SALIFU

P

04/14/2021

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

\_\_\_\_\_  
Date