# 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000097618

Entity Name: DELRAY SMILES FAMILY DENTISTRY AND ORTHODONTICS,

PΑ

FILED Feb 23, 2019 Secretary of State 1568414971CC

# **Current Principal Place of Business:**

15084 LYONS ROAD SUITE 600 DELRAY, FL 33446

# **Current Mailing Address:**

3350 SW 148 AVENUE SUITE 134 MIRAMAR, FL 33027

FEI Number: 82-3845148 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

TRUJILLO, ANDREA 3350 MIRAMAR PARKWAY SUITE 134 MIRAMAR, FL 33027 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

# Officer/Director Detail:

Title F

Name TRUJILLO, ANDREA

Address 3350 MIRAMAR PARKWAY, SUITE 134

City-State-Zip: MIRAMAR FL 33027

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: ANDREA TRUJILLO

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

02/23/2019

Date

Date