

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000052491

**Entity Name:** CRAIG LUSTMAN DDS PA

**Current Principal Place of Business:**

8903 GLADES RD  
SUITE D4  
BOCA RATON, FL 33434

**Current Mailing Address:**

8903 GLADES RD  
SUITE D4  
BOCA RATON, FL 33434 US

**FEI Number:** 83-1086101

**Certificate of Status Desired:** No

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

LUSTMAN, CRAIG A  
8903 GLADES RD  
SUITE D4  
BOCA RATON, FL 33434 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            PRESIDENT  
Name            LUSTMAN, CRAIG A  
Address        3320 SW 58TH ST  
City-State-Zip: FORT LAUDERDALE FL 33312

Title            SECRETARY  
Name            LUSTMAN, REBECCA  
Address        3320 SW 58TH ST  
City-State-Zip: FORT LAUDERDALE FL 33312

*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:** REBECCA LUSTMAN

**SECRETARY**

**01/29/2024**

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

\_\_\_\_\_  
Date