

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000066429

**Entity Name:** THE DENTAL PRACTICE SOUTH MIAMI, P.A.

**Current Principal Place of Business:**

7210 SW 57TH AVE  
SUITE 204  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

7210 SW 57TH AVE  
SUITE 204  
SOUTH MIAMI, FL 33143 US

**FEI Number:** 83-1490646

**Certificate of Status Desired:** No

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

CABANZON, DAVID  
21059 SW 90TH PL  
MIAMI, FL 33189 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            D/P  
Name            CABANZON, DAVID J  
Address        7210 SW 57TH AVE  
                  SUITE 204  
City-State-Zip: SOUTH MIAMI FL 33143

*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:** DAVID CABANZON

**OWNER**

**03/27/2019**

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

\_\_\_\_\_  
Date