

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000075215

**Entity Name:** ARAV DENTAL, INC.

**Current Principal Place of Business:**

11950 COUNTY RD 101  
SUITE 104  
THE VILLAGES, FL 32162

**Current Mailing Address:**

16528 N DALE MABRY HWY  
TAMPA, FL 33618 US

**FEI Number:** 83-1822990

**Certificate of Status Desired:** No

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

SANDERS, WALTER  
16528 N DALE MABRY HWY  
TAMPA, FL 33618 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 DELLE-DONNE, VINCENT  
Address 29544 VILLA TUSCANY DRIVE  
City-State-Zip: WESLEY CHAPEL FL 33545

Title VP  
Name MICHAUD, ROBERT  
Address 917 ANCHORAGE ROAD  
City-State-Zip: TAMPA FL 33602

Title DIR  
Name CLAYTON, ARIANA  
Address 29544 VILLA TUSCANY DRIVE  
City-State-Zip: WESLEY CHAPEL FL 33545

Title DIR  
Name KOKKAS, ATHANASIOS  
Address 3181 N TYRONE AVE  
City-State-Zip: HERNANDO FL 34442

*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:** DELLE-DONNE, VINCENT

P

03/05/2019

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

\_\_\_\_\_  
Date