

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000092916

**Entity Name:** GENESIDENTALCARE, P.A.

**Current Principal Place of Business:**

9165 SW 87TH AVENUE  
MIAMI, FL 33176

**Current Mailing Address:**

9165 SW 87TH AVENUE  
MIAMI, FL 33176 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

PELL, RICHARD  
9165 SW 87TH AVENUE  
MIAMI, FL 33176 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            PELL, LORENA  
Address        9165 SW 87TH AVENUE  
City-State-Zip: MIAMI FL 33176

*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: LORENA PELL**

**PRESIDENT**

**02/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date