

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000087430

Entity Name: RED ROCK DENTAL. P.A.

Current Principal Place of Business:

15209 WIND WHISPER DR.
ODESSA, FL 33556

Current Mailing Address:

15209 WIND WHISPER DR.
ODESSA, FL 33556 US

FEI Number: 85-3888370

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIES, RODERICK DDS
15209 WIND WHISPER DR.
ODESSA, FL 33556 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 DAVIES, RODERICK DDS
Address 15209 WIND WHISPER DR.
City-State-Zip: ODESSA FL 33556

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: RODERICK DAVIES

PRES

04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date