

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000013679

**Entity Name:** DENTAL PROFESSIONALS OF SOUTH FLORIDA  
PROFESSIONAL CORPORATION

**Current Principal Place of Business:**

1505 NORTHWEST 167 ST , ST100  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

1505 NORTHWEST 167 ST , ST100  
MIAMI GARDENS, FL 33169 US

**FEI Number:** 92-0667314

**Certificate of Status Desired:** No

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

RIEKS, ABIGAIL L  
27821 S. TAMIAMI TRAIL  
BONITA SPRINGS, FL 34134 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 FORMAN, ARYEH  
Address 1505 NORTHWEST 167 ST , ST100  
City-State-Zip: MIAMI GARDENS FL 33169

*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: ARYEH FORMAN

OWNER

05/01/2024

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

\_\_\_\_\_  
Date