

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000036940

Entity Name: ORALYS THERAPY SERVICE CORP

Current Principal Place of Business:

10930 SW 12 TH ST
PEMBROKE PINES, FL 33025

Current Mailing Address:

10930 SW 12 TH ST
PEMBROKE PINES, FL 33025 US

FEI Number: 93-1434663

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VINENT REVE, OMARA
10930 SW 12 TH ST
PEMBROKE PINES, FL 33025 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 VINENT REVE, OMARA
Address 10930 SW 12 TH ST
City-State-Zip: PEMBROKE PINES FL 33025

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: VINENT REVE OMARA

PRESIDENT

03/24/2024

Electronic Signature of Signing Officer/Director Detail

Date