

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000019093

**Entity Name:** AESTHETIC & FAMILY DENTAL CARE, INC.

**Current Principal Place of Business:**

10140 W FOREST HILL BLVD STE 140  
WELLINGTON, FL 33414

**Current Mailing Address:**

16288 MIRA VISTA LANE  
DELRAY BEACH, FL 33446 US

**FEI Number:** 65-0571265

**Certificate of Status Desired:** No

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

SADATI, ABOULGHASEM SAM  
16288 MIRA VISTA LANE  
DELRAY BEACH, FL 33446 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:** ABOULGHASEM SAM SADATI

01/19/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SADATI, ABOULGHASEM SAM  
Address 16288 MIRA VISTA LANE  
City-State-Zip: DELRAY BEACH FL 33446

Title VP  
Name SADATI, OLIVIA D  
Address 16288 MIRA VISTA LANE  
City-State-Zip: DELRAY BEACH FL 33446

*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:** OLIVIA SADATI

VICE PRESIDENT

01/19/2023

Electronic Signature of Signing Officer/Director Detail

Date