

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000094906

**Entity Name:** FRANCISCO MONTAMARTA, DDS, P.A.

**Current Principal Place of Business:**

12545 ORANGE DR  
501  
DAVIE, FL 33330

**Current Mailing Address:**

12545 ORANGE DR  
501  
DAVIE, FL 33330

**FEI Number:** 65-0792969

**Certificate of Status Desired:** No

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

MONTAMARTA, FRANCISCO DDS  
12545 ORANGE DR  
501  
DAVIE, FL 33330 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 MONTAMARTA, FRANCISCO T  
Address 12545 ORANGE DR  
501  
City-State-Zip: DAVIE FL 33330

*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:** FRANCISCO T MONTAMARTA

**REGISTERED AGENT**

**01/21/2023**

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

\_\_\_\_\_  
Date