

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000042338

**Entity Name:** ALICIA M. CARRAZANA, D.M.D., P.A.

**Current Principal Place of Business:**

214 ALMERIA AVE.  
CORAL GABLES, FL 33134-5904

**Current Mailing Address:**

214 ALMERIA AVE.  
CORAL GABLES, FL 33134-5904

**FEI Number:** 65-0951735

**Certificate of Status Desired:** Yes

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

SLOTO, JAMES RESQ.  
TWO DATRAN CENTER  
9130 SOUTH DADELAND BLVD. SUITE 121  
MIAMI, FL 33156 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            DPS  
Name            CARRAZANA, ALICIA M  
Address        214 ALMERIA AVE.  
City-State-Zip: CORAL GABLES FL 33134

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:** ALICIA M.CARRAZANA

**DPS**

**01/12/2014**

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

\_\_\_\_\_  
Date