above, or on an attachment with all other like empowered. PRACTICE

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business:

Entity Name: DAVID J. WEINER, D.M.D., P.A.

Current Mailing Address:

DOCUMENT# S56116

224 SE 1ST STREET MIAMI. FL 33131 US

FEI Number: 65-0281829

Name and Address of Current Registered Agent:

WEINER, DAVID J 224 SE 1ST STREET MIAMI, FL 33131 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

Officer/Director Detail :

Title	DR	Title	TS
Name	WEINER, DAVID J DMD	Name	WEINER, DAVID J. DMD, P.A.
Address	224 SE 1ST STREET	Address	224 SE 1ST STREET
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

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

SIGNATURE: LISA WEINER

ADMINISTRATOR

03/29/2021

Date

FILED Mar 29, 2021 Secretary of State 7301022670CC

Date

Certificate of Status Desired: No

224 SE 1ST STREET MIAMI, FL 33131

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT