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

SIGNATURE: LISA WEINER

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# S56116

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

Current Principal Place of Business:

224 SE 1ST STREET MIAMI, FL 33131

Current Mailing Address:

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

PRACTICE **ADMINISTRATOR** 01/19/2023

Date

FILED Jan 19, 2023 Secretary of State 1103870550CC

Certificate of Status Desired: No

Date