

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

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

**SIGNATURE:** LISA WEINER

**PRACTICE MANAGER**

**03/16/2017**

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

\_\_\_\_\_  
Date