#### 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400006008

Entity Name: PAN-AMERICAN DENTAL SOCIETY OF CENTRAL FLORIDA,

INC.

Apr 29, 2025 **Secretary of State** 6683477347CC

**FILED** 

# **Current Principal Place of Business:**

2617 BELMONT PLACE KISSIMMEE, FL 34744

## **Current Mailing Address:**

2617 BELMONT PLACE KISSIMMEE, FL 34744 US

FEI Number: 52-2446725 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

O'FARRILL, ANA R DR. 2617 BELMONT PLACE KISSIMMEE, FL 34744 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: ANA RO'FARRILL 04/29/2025

> Electronic Signature of Registered Agent Date

## Officer/Director Detail:

Title **PRESIDENT** Title **SECRETARY** 

Name RODRIGUEZ, WILFREDO DR. Name O'FARRILL, ANA R DR. Address 201 S. SEMORAN BLVD Address 2617 BELMONT PLACE City-State-Zip: ORLANDO FL 32807 City-State-Zip: KISSIMMEE FL 34744

VΡ Title **TREASURER** Title

RODRIGUEZ, WILFREDO DR. Name TORRES, ANIBAL V DR. Name Address 10334 QUAIL ROOST RD. Address 201 SOUTH SEMORAN BLVD

City-State-Zip: ORLANDO FL 32807 City-State-Zip: CLERMONT FL 34711

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILFREDO RODRIGUEZ

**PRESIDENT** 

04/29/2025