

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 476699

**Entity Name:** TEQUESTA DENTAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

175 TEQUESTA DRIVE  
SUITE C  
TEQUESTA, FL 33469

**Current Mailing Address:**

175 TEQUESTA DRIVE  
SUITE C  
TEQUESTA, FL 33469

**FEI Number: 59-1626810**

**Certificate of Status Desired: Yes**

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

COLE, JENNIFER E  
175 TEQUESTA DRIVE, STE C  
TEQUESTA, FL 33469 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 PVTS  
Name COLE, JENNIFER E  
Address 175 TEQUESTA DRIVE, STE C  
City-State-Zip: TEQUESTA FL 33469

*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: JENNIFER COLE** \_\_\_\_\_

**PRESIDENT/OWNER**

**01/19/2023**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date