

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602976

Entity Name: AVENTURA ENDODONTICS ASSOCIATES, P.A.

Current Principal Place of Business:

19495 BISCAYNE BLVD
SUITE 404
AVENTURA, FL 33180

Current Mailing Address:

19495 BISCAYNE BLVD
SUITE 404
AVENTURA, FL 33180

FEI Number: 59-1351337

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANE, ARTHUR J., D.D.S.
19495 BISCAYNE BLVD
SUITE 404
AVENTURA, FL 33180 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 PRES
Name LANE, ARTHUR JD.D.S.
Address 1601 CLEVELAND RD
City-State-Zip: AVENTURA FL 33141

Title TRUSTEE
Name MITTLEMAN, AUDRA
Address 5910 SW 37TH TER
City-State-Zip: FT. LAUDERDALE FL 33312

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: ARTHUR LANE

PRESIDENT

03/05/2018

Electronic Signature of Signing Officer/Director Detail

Date