

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98503

**Entity Name:** ROBERT O. CUCKLER, D.D.S., P.A.

**Current Principal Place of Business:**

311 N.E. 8TH ST., STE 107  
% ROBERT O. CUCKLER  
HOMESTEAD, FL 33030

**Current Mailing Address:**

311 N.E. 8TH ST., STE 107  
% ROBERT O. CUCKLER  
HOMESTEAD, FL 33030

**FEI Number:** 59-2229171

**Certificate of Status Desired:** No

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

CUCKLER, ROBERT O.  
311 N.E. 8TH ST., STE 107  
HOMESTEAD, FL 33030 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	PD
Name	CUCKLER, ROBERT O
Address	311 NE 8TH ST, STE 107
City-State-Zip:	HOMESTEAD FL 33030
Title	EXECUTIVE SECRETARY
Name	BEUGNOT, JONI LOUISE
Address	311 N.E. 8TH ST., STE 107 % ROBERT O. CUCKLER
City-State-Zip:	HOMESTEAD FL 33030

Title	VS
Name	CUCKLER, SUSAN D.
Address	311 NE 8TH ST, STE 107
City-State-Zip:	HOMESTEAD FL 33030
Title	TREASURER
Name	BEUGNOT, MEGAN LEIGH
Address	311 N.E. 8TH ST., STE 107 % ROBERT O. CUCKLER
City-State-Zip:	HOMESTEAD FL 33030

*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:** ROBERT O CUCKLER DDS

**PRESIDENT**

**01/24/2022**

Electronic Signature of Signing Officer/Director Detail

Date