

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G00687

**Entity Name:** CORAL SPRINGS FAMILY DENTAL ASSOCIATES, INC.

**Current Principal Place of Business:**

2801 UNIVERSITY DR.  
SUITE 101  
CORAL SPRINGS, FL 33065-5052

**Current Mailing Address:**

2801 UNIVERSITY DR.  
SUITE 101  
CORAL SPRINGS, FL 33065-5052

**FEI Number:** 59-2397569

**Certificate of Status Desired:** No

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

SCHARF, BLAIR  
2801 UNIVERSITY DR., STE. 101  
CORAL SPRINGS, FL 33065 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 SCHARF, BLAIR  
Address 2801 UNIVERSITY DRIVE  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** BLAIR SCHARF

**OWNER**

**01/26/2022**

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

\_\_\_\_\_  
Date