

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L00499

**Entity Name:** GUILLERMO F. PORRO, D.M.D., P.A.

**Current Principal Place of Business:**

7059 W. WATERS AVE.  
TAMPA, FL 33634

**Current Mailing Address:**

7059 W. WATERS AVE.  
TAMPA, FL 33634 US

**FEI Number:** 59-2956926

**Certificate of Status Desired:** No

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

PORRO, GUILLERMO, DMD  
15641 EAST BOURN DRIVE  
ODESSA, FL 33556 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            P  
Name            PORRO, GUILLERMO F.  
Address        7059 W. WATERS AVE.  
City-State-Zip: TAMPA FL 33634

*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:** GUILLERMO PORRO, DMD

**PRESIDENT**

**03/08/2016**

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

\_\_\_\_\_ Date