

2015 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

PREESIDENT

02/17/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date