# SIGNATURE: JILL REED

Electronic Signature of Signing Officer/Director Detail

## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000097635

Entity Name: JILL A. REED, D.M.D., P.A.

#### **Current Principal Place of Business:**

660 NE 95 ST 5 MIAMI SHORES, FL 33138

#### **Current Mailing Address:**

660 NE 95 ST 5 MIAMI SHORES, FL 33138

#### FEI Number: 65-1144611

### Name and Address of Current Registered Agent:

JILL REED 660 NE 95 ST 5 MIAMI SHORES, FL 33138 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:	JILL A REED	03/13/2	2024
	Electronic Signature of Registered Agent	Date	e

#### Officer/Director Detail :

TitlePSNameREED, JILL AAddress14901 NE 8 AVENUECity-State-Zip:MIAMI FL 33161

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.

PRESIDENT OWNER

03/13/2024 Date

FILED Mar 13, 2024 Secretary of State 1204159240CC

Certificate of Status Desired: No