

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000013904

**Entity Name:** JUAN G LLANO DMD, PA A

**Current Principal Place of Business:**

3650 NW 82 AVENUE  
303  
DORAL, FL 33166

**Current Mailing Address:**

3650 NW 82 AVENUE  
303  
DORAL, FL 33166

**FEI Number:** 01-0595479

**Certificate of Status Desired:** No

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

GIL, EVELYN A  
3650 NW 82 AVENUE  
303  
DORAL, FL 33166 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 LLANO, JUAN G  
Address 3650 NW 82 AVENUE- SUITE 303  
City-State-Zip: DORAL FL 33166

Title SD  
Name GIL, EVELYN A  
Address 3650 NW 82 AVENUE- SUITE 303  
City-State-Zip: DORAL FL 33166

*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:** JUAN G LLANO

PD

04/10/2025

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

\_\_\_\_\_  
Date