

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000119880

**Entity Name:** ABRAHAM JASKIEL DMD,PA

**Current Principal Place of Business:**

1865 BRICKELL AVE  
A207  
MIAMI, FL 33131

**Current Mailing Address:**

17415 NE 7TH AVE  
N. MIAMI BEACH, FL 33162

**FEI Number:** 47-0896305

**Certificate of Status Desired:** No

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

JASKIEL, ABRAHAM  
17415 NE 7TH AVE  
N. MIAMI BEACH, FL 33162 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 JASKIEL, ABRAHAM  
Address 17415 NE 7TH AVE  
City-State-Zip: N. MIAMI BEACH FL 33162

Title T  
Name JASKIEL, RENA  
Address 1865 BRICKELL AVE  
A207  
City-State-Zip: MIAMI FL 33131

*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:** RENA JASKIEL

**OFFICE MANAGER**

**01/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date