

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035550

Entity Name: SAWGRASS GENTLE DENTISTRY, P.A.**Current Principal Place of Business:**13713 W SUNRISE BLVD STE 205
SUNRISE, FL 33323-5911**Current Mailing Address:**13713 W SUNRISE BLVD STE 205
SUNRISE, FL 33323 US**FEI Number: 32-0069144****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RAPPACCIOLI, COTY DMD
13713 W SUNRISE BLVD STE 205
SUNRISE, FL 33323 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	PST
Name	RAPPACCIOLI, COTY DMD
Address	13713 W SUNRISE BLVD STE 205
City-State-Zip:	SUNRISE FL 33323

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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: COTY RAPPACCIOLI**PRESIDENT****01/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date