

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000049449

**Entity Name:** RENE J. AVILES, D.M.D., P.A.

**Current Principal Place of Business:**

870 SW MARTIN DOWNS BLVD  
SUITE 1  
PALM CITY, FL 34990

**Current Mailing Address:**

870 SW MARTIN DOWNS BLVD  
SUITE 1  
PALM CITY, FL 34990

**FEI Number:** 20-0013865

**Certificate of Status Desired:** No

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

AVILES, RENE J  
870 SW MARTIN DOWNS BLVD  
SUITE 1  
PALM CITY, FL 34990 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            CEO  
Name            AVILES, RENE DMD  
Address        870 SW MARTIN DOWNS BLVD,#1  
City-State-Zip: PALM CITY FL 34990

Title            S  
Name            AVILES, ROSARIO  
Address        870 SW MARTIN DOWNS BLVD,  
                  SUITE 2  
City-State-Zip: PALM CITY FL 34990

*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:** RENE AVILES

**DENTIST/OWNER**

**01/11/2021**

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

\_\_\_\_\_  
Date