

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000095680

**Entity Name:** KERI A. SHENKER, DMD, PA

**Current Principal Place of Business:**

201 N. UNIVERSITY DRIVE  
SUITE 108  
PLANTATION, FL 33324

**Current Mailing Address:**

201 N. UNIVERSITY DRIVE  
SUITE 108  
PLANTATION, FL 33324 US

**FEI Number:** 20-1260671

**Certificate of Status Desired:** No

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

SHENKER, KERI  
8374 NW 28 ST  
COOPER CITY, FL 33024 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 SHENKER, KERI A  
Address 201 N. UNIVERSITY DRIVE  
SUITE 108  
City-State-Zip: PLANTATION FL 33324

*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:** KERI SHENKER

DENTIST

02/01/2021

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

\_\_\_\_\_ Date