

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000032794

**Entity Name:** JUAN E. SAVELLI, DMD, MSD, P.A.

**Current Principal Place of Business:**

900 SE OCEAN BLVD  
216 B  
STUART, FL 34994

**Current Mailing Address:**

900 SE OCEAN BLVD  
216 B  
STUART, FL 34994

**FEI Number:** 20-2467640

**Certificate of Status Desired:** No

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

SAVELLI, JUAN E  
1056 NE POST OAK WAY  
JENSEN BEACH, FL 34957 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            DTS  
Name            SAVELLI, JUAN E  
Address        900 SE OCEAN BLVD STE 216 B  
City-State-Zip: STUART FL 34994

Title            VP  
Name            POWER, REBECA  
Address        900 SE OCEAN BLVD STE 216 B  
City-State-Zip: STUART FL 34994

*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 SAVELLI

DTS

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date