

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000135647

**Entity Name:** HIGHFIVE ENDODONTICS FLORIDA, P.A.

**Current Principal Place of Business:**

7593 BOYNTON BEACH BLVD  
180  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

7593 BOYNTON BEACH BLVD  
180  
BOYNTON BEACH, FL 33437 US

**FEI Number:** 20-3582901

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 PSTD  
Name SILBERMAN, JAIME J  
Address 7593 BOYNTON BEACH BLVD, SUITE  
180  
City-State-Zip: BOYNTON BEACH FL 33437

*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:** SILBERMAN, JAIME

**PRESIDENT**

**03/11/2024**

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

\_\_\_\_\_ Date