

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000018867

**Entity Name:** CAROLINE BERMAN DMD, PA

**Current Principal Place of Business:**

555 12TH ST  
SUITE L-300  
WASHINGTON, DC 20004

**Current Mailing Address:**

401 MASSACHUSETTS AVE NW  
APT 1005  
WASHINGTON, DC 20001 US

**FEI Number:** 20-4282806

**Certificate of Status Desired:** Yes

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

BERMAN, CAROLINE  
1550 MADRUGADA AVE  
SUITE 200  
CORAL GABLES, FL 33146 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 BERMAN, CAROLINE  
Address 401 MASSACHUSETTS AVE NW  
APT 1005  
City-State-Zip: WASHINGTON DC 20001

*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:** CAROLINE BERMAN

**PRESIDENT**

**01/26/2016**

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

\_\_\_\_\_ Date