

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000156691

**Entity Name:** DENTAL AMERICAN CORPORATION

**Current Principal Place of Business:**

3408 W 84TH STREET  
SUITE 217  
HIALEAH, FL 33018

**Current Mailing Address:**

3408 W 84TH STREET  
SUITE 217  
HIALEAH, FL 33018 US

**FEI Number:** 02-0795691

**Certificate of Status Desired:** No

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

GONZALEZ, MANUEL  
3408 W 84TH STREET  
SUITE 217  
HIALEAH, FL 33018 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 PT  
Name GONZALEZ, MANUEL  
Address 3408 W 84TH STREET SUITE 217  
City-State-Zip: HIALEAH FL 33018

Title VS  
Name GONZALEZ, LILIAN  
Address 3408 W 84TH STREET SUITE 217  
City-State-Zip: HIALEAH FL 33018

*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:** MANUEL GONZALEZ

**CONTROLER**

**04/06/2023**

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

\_\_\_\_\_  
Date