

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000157305

**Entity Name:** CELIA FIGUEROA DDS PA

**Current Principal Place of Business:**

400 WEST 65 STREET  
HIALEAH, FL 33012

**Current Mailing Address:**

400 W 65 STREET  
HIALEAH, FL 33012

**FEI Number:** 20-8132022

**Certificate of Status Desired:** No

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

FIGUEROA, CELIA DDS  
400 WEST 65 STREET  
HIALEAH, FL 33012 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 FIGUEROA, CELIA DDS  
Address 400 WEST 65 STREET  
City-State-Zip: HIALEAH FL 33012

*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:** CELIA FIGUEROA

**PRESIDENT**

**01/12/2014**

Electronic Signature of Signing Officer/Director Detail

Date