

2015 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

01/30/2015

Electronic Signature of Signing Officer/Director Detail

Date