

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000076984

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC4685812667**

**Entity Name:** MIGUEL A. MONTILLA D.M.D. P.A.

**Current Principal Place of Business:**

2820 CENTER COURT DRIVE  
WESTON, FL 33332

**Current Mailing Address:**

2820 CENTER COURT DRIVE  
WESTON, FL 33332 US

**FEI Number: 26-0485618**

**Certificate of Status Desired: No**

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

MONTILLA, MIGUEL A  
2820 CENTER COURT DRIVE  
WESTON, FL 33332 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 MONTILLA, MIGUEL A  
Address 2820 CENTER COURT DRIVE  
City-State-Zip: WESTON FL 33332

Title VP  
Name MONTILLA, ELIZABETH A  
Address 2820 CENTER COURT DRIVE  
City-State-Zip: WESTON FL 33332

*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: MIGUEL A. MONTILLA, DMD**

**PRESIDENT**

**01/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date