

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000093744

**Entity Name:** HALCYON DENTAL, P.A.

**Current Principal Place of Business:**

13051 SUMMERFIELD SQUARE DR  
RIVERVIEW, FL 33578

**Current Mailing Address:**

13051 SUMMERFIELD SQUARE DR  
RIVERVIEW, FL 33578 US

**FEI Number: 26-0768473**

**Certificate of Status Desired: Yes**

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

BUSINESS FILINGS INCORPORATED  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MARK WILLIAMS**

**04/01/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CAVIEDES, ERIKA  
Address 13051 SUMMERFIELD SQ. DRIVE  
City-State-Zip: RIVERVIEW FL 33578

Title PRESIDENT  
Name CAVIEDES, ERIKA  
Address 13051 SUMMERFIELD SQ. DRIVE  
City-State-Zip: RIVERVIEW FL 33578

Title VICE-PRESIDENT  
Name GULLE, JOSEPH  
Address 13051 SUMMERFIELD SQ. DRIVE  
City-State-Zip: RIVERVIEW FL 33578

Title SECRETARY  
Name CAVIEDES, ERIKA  
Address 13051 SUMMERFIELD SQ. DRIVE  
City-State-Zip: RIVERVIEW FL 33578

Title TREASURER  
Name GULLE, JOSEPH  
Address 13051 SUMMERFIELD SQ. DRIVE  
City-State-Zip: RIVERVIEW FL 33578

*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: JOSEPH GULLE**

**VICE PRESIDENT**

**04/01/2022**

Electronic Signature of Signing Officer/Director Detail

Date