

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000126149

**Entity Name:** AZOV DENT, INC.

**Current Principal Place of Business:**

2025 S. MCCALL RD.  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

2025 S. MCCALL RD.  
ENGLEWOOD, FL 34223

**FEI Number:** 26-1419064

**Certificate of Status Desired:** No

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

GALPERINA, MARGARITA  
4519 CHERRYBARK CT.  
SARASOTA, FL 34241 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 DR  
Name MIKERIN, ALEXEI  
Address 4519 CHERRYBARK CT.  
City-State-Zip: SARASOTA FL 34241

*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:** ALEXEI MIKERIN

**PRESIDENT**

**01/15/2016**

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

\_\_\_\_\_  
Date