

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000061445

Entity Name: PROFESSIONAL DENTAL TEAM, P.A.

Current Principal Place of Business:

5100 S. DIXIE HWY
STE 2
W. PALM BCH, FL 33405

Current Mailing Address:

5100 S. DIXIE HWY
STE 2
W. PALM BCH, FL 33405

FEI Number: 90-0398885

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALINDO, OLGA M
8099 DILLMAN RD
W. PALM BCH, FL 33411 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 GALINDO, OLGA M
Address 8099 DILLMAN RD
City-State-Zip: W. PALM BCH FL 33411

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: OLGA GALINDO

OWNER

04/30/2017

Electronic Signature of Signing Officer/Director Detail

Date