

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000069912

**Entity Name:** ROBERTO BELLEGARRIGUE DMD, P.A.

**Current Principal Place of Business:**

3331 W. BEARSS AVE  
TAMPA, FL 33618

**Current Mailing Address:**

3331 W. BEARSS AVE  
TAMPA, FL 33618

**FEI Number: 26-3023363**

**Certificate of Status Desired: No**

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

BELLEGARRIGUE DMD, ROBERTO  
3331 W. BEARSS AVE  
TAMPA, FL 33618 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            OWN  
Name            BELLEGARRIGUE DMD, ROBERTO  
Address        620 S. LOIS AVE  
City-State-Zip: TAMPA FL 33609

*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: ROBERTO BELLEGARRIGUE DMD**

**OWNER**

**01/18/2016**

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

\_\_\_\_\_ Date