

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000057182

Entity Name: LSALDARRIAGA DENTAL PA

Current Principal Place of Business:

13834 SOUTH GARDEN COVE CIRCLE
DAVIE, FL 33325

Current Mailing Address:

9244 NW 9TH COURT
PLANTATION, FL 33324 US

FEI Number: 27-0554458

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALDARRIAGA, LISA D.M.D
13834 SOUTH GARDEN COVE CIRCLE
DAVIE, FL 33325 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 SALDARRIAGA, LISA DMD
Address 13834 SOUTH GARDEN COVE CIRCLE

City-State-Zip: DAVIE FL 33325

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: LISA SALDARRIAGA

P

02/24/2017

Electronic Signature of Signing Officer/Director Detail

Date