

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000027248

**Entity Name:** AMAURY O. VALLE D.M.D., P.A.

**Current Principal Place of Business:**

2116 EDGEWATER DR.  
ORLANDO, FL 32804

**Current Mailing Address:**

2116 EDGEWATER DR.  
ORLANDO, FL 32804

**FEI Number: 27-2191904**

**Certificate of Status Desired: No**

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

VALLE, AMAURY O  
2116 EDGEWATER DR  
ORLANDO, FL 32804 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	Title	VP
Name	VALLE, AMAURY O	Name	GARCIA, KARLA MARIE
Address	2116 EDGEWATER DR	Address	2116 EDGEWATER DR.
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	ORLANDO FL 32804

*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: AMAURY VALLE**

**PRESIDENT**

**01/28/2019**

Electronic Signature of Signing Officer/Director Detail

Date