

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000057004

**Entity Name:** REYNALDO PITA, DMD., PA

**Current Principal Place of Business:**

10651 SW 88 STREET  
SUITE # 112  
MIAMI, FL 33176

**Current Mailing Address:**

7190 WEST 12 CT  
HIALEAH, FL 33014 US

**FEI Number:** 27-3028006

**Certificate of Status Desired:** No

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

PITA, REYNALDO  
7190 WEST 12 CT  
HIALEAH, FL 33014 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 DP  
Name PITA, REYNALDO  
Address 7190 WEST 12 CT  
City-State-Zip: HIALEAH FL 33014

*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:** PITA, REYNALDO

DP

04/01/2023

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

\_\_\_\_\_  
Date