

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000054890

**Entity Name:** MARIANELA CARDENAS DDS MS P.A.

**Current Principal Place of Business:**

7887 N KENDALL DR.  
SUITE 103  
MIAMI, FL 33156

**Current Mailing Address:**

10480 NW 48TH STREET  
DORAL , FL 33178 US

**FEI Number:** 45-2535909

**Certificate of Status Desired:** No

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

PROFESSIONAL BUSINESS ADVISORS II, INC.  
9485 SUNSET DRIVE  
STE A-200  
MIAMI, FL 33173 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            PRESIDENT  
Name            CARDENAS, MARIANELA DR.  
Address         10480 NW 48TH STREET  
City-State-Zip: DORAL FL 33178

*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:** MARIANELA CARDENAS

**PRESIDENT**

**02/10/2023**

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

\_\_\_\_\_  
Date