

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000063940

**Entity Name:** JEANETTE NOVARA DMD PA

**Current Principal Place of Business:**

21239 NE 31 AVE  
AVENTURA, FL 33180

**Current Mailing Address:**

21239 NE 31 AVE  
AVENTURA, FL 33180

**FEI Number:** 45-2777307

**Certificate of Status Desired:** No

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

JEANETTE NOVARA DMD PA  
21239 NE 31 AVE  
AVENTURA, FL 33180 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:** JEANETTE NOVARA

02/22/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name NOVARA, JEANETTE  
Address 21239 NE 31 AVE  
City-State-Zip: AVENTURA FL 33180

*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:** NOVARA, JEANETTE

**OFFICER DIRECTOR**

02/22/2024

Electronic Signature of Signing Officer/Director Detail

Date