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: ROBERT RADEL PRESIDENT/OWNER

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

DOCUMENT# P11000102721

Entity Name: ROBERT RADEL, DMD, PA

Current Principal Place of Business:

233 N. 3RD STREET 204 JACKSONVILLE BEACH, FL 32250

2022

Current Mailing Address:

233 N. 3RD STREET 204 JACKSONVILLE BEACH, FL 32250 US

FEI Number: 45-3975906

Name and Address of Current Registered Agent:

RADEL, DEIDRA M 5263 BENTPINE COVE ROAD JACKSONVILLE, FL 32224 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

Officer/Director Detail :

Title	Р, Т	Title	S, D
Name	RADEL, ROBERT T	Name	RADEL, ROBERT T
Address	5263 BENTPINE COVE ROAD	Address	5263 BENTPINE COVE ROAD
City-State-Zip:	JACKSONVILLE FL 32224	City-State-Zip:	JACKSONILLE FL 32224

IT CORPORATION	ANNUAL REPORT	

FILED Mar 18, 2022 Secretary of State 8753861736CC

Certificate of Status Desired: No

03/18/2022

Date

Date

Electronic Signature of Signing Officer/Director Detail