

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000087633

**Entity Name:** THE DENTAL TEAM OF OCALA, P.A.

**Current Principal Place of Business:**

3235 SW 34 STREET  
103  
OCALA, FL 33474

**Current Mailing Address:**

3235 SW 34 STREET  
103  
OCALA, FL 34474 US

**FEI Number:** 46-1175317

**Certificate of Status Desired:** No

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

SANCHEZ, JULIO DDS  
3235 SW 34 STREET  
103  
OCALA, FL 33474 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 VP  
Name FERNANDEZ, JESSICA M DR  
Address 3235 SW 34 STREET  
103  
City-State-Zip: OCALA FL 34474

Title PRESIDENT  
Name SANCHEZ, JULIO C DR  
Address 3235 SW 34 STREET  
103  
City-State-Zip: OCALA FL 34474

*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:** JULIO C SANCHEZ

**PRESIDENT**

**02/17/2023**

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

\_\_\_\_\_  
Date