## 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000087633

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

**Current Principal Place of Business:** 

3435 SW 20 STREET 915

OCALA, FL 33474

**Current Mailing Address:** 

3435 SW 20 STREET 915

OCALA, FL 33474 US

FEI Number: 46-1175317 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANCHEZ, JULIO DDS 3435 SW 20 STREET 915 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

**FILED** May 01, 2025

**Secretary of State** 

7491845748CC

Officer/Director Detail:

Title Title **PRESIDENT** 

FERNANDEZ, JESSICA M DR Name Name SANCHEZ, JULIO C DR

3235 SW 34 STREET 3235 SW 34 STREET Address Address 103

103

City-State-Zip: OCALA FL 34474 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.

**PRES**