

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000066538

**Entity Name:** REINIER LOPEZ, DMD, P.A.

**Current Principal Place of Business:**

2485 SW 9 ST APT #1  
MIAMI, FL 33135

**Current Mailing Address:**

2485 SW 9 ST APT #1  
MIAMI, FL 33135 US

**FEI Number: 46-3413033**

**Certificate of Status Desired: No**

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

LOPEZ, REINIER  
2485 SW 9 ST  
APT # 1  
MIAMI, FL 33135 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	PVST	Title	D
Name	LOPEZ, REINIER	Name	LOPEZ, REINIER
Address	2485 SW 9 ST APT # 1	Address	2485 SW 9 ST APT # 1
City-State-Zip:	MIAMI FL 33135	City-State-Zip:	MIAMI FL 33135

*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: REINIER LOPEZ**

**D**

**03/20/2014**

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

\_\_\_\_\_  
Date