

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000068858

**Entity Name:** MIGUEL A. LOPEZ JR., D.M.D., P.A.

**Current Principal Place of Business:**

3131 NORTH BLVD STE A  
TAMPA, FL 33603

**Current Mailing Address:**

3131 NORTH BLVD STE A  
TAMPA, FL 33603

**FEI Number:** 47-1670820

**Certificate of Status Desired:** No

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

REGISTERED AGENTS, INC.  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 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:** BILL HAVRE

02/14/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LOPEZ, MIGUEL ANGEL DR.  
Address        3131 NORTH BLVD STE A  
City-State-Zip: TAMPA FL 33603

Title            SECRETARY  
Name            LOPEZ, MIGUEL ANGEL DR.  
Address        3131 NORTH BLVD STE A  
City-State-Zip: TAMPA FL 33603

Title            TREASURER  
Name            LOPEZ, MIGUEL ANGEL DR.  
Address        3131 NORTH BLVD STE A  
City-State-Zip: TAMPA FL 33603

Title            OFFICE MANAGER  
Name            LOPEZ, ISELA CRUZ  
Address        3131 NORTH BLVD STE A  
City-State-Zip: TAMPA FL 33603

*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:** ISELA C LOPEZ

OFFICE MANAGER

02/14/2024

Electronic Signature of Signing Officer/Director Detail

Date