

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000009039

**Entity Name:** DENTISTRY OF SOUTH FLORIDA, INC

**Current Principal Place of Business:**

1348 E HILLSBORO BLVD  
#D  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

1348 E HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441 US

**FEI Number: 26-3470614**

**Certificate of Status Desired: No**

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

BERKOVICH, ANGELA DR.  
1348 E HILLSBORO BLVD  
#D  
DEERFIELD BEACH, FL 33441 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 P  
Name BERKOVICH, ANGELA DR.  
Address 1348 E HILLSBORO BLVD  
City-State-Zip: DEERFIELD BEACH FL 33441

Title VP  
Name BERKOVICH, ANGELA  
Address 1348 E HILLSBORO BLVD  
City-State-Zip: DEERFIELD BEACH FL 33441

Title CFO  
Name BERKOVICH, ALEX  
Address 1348 E HILLSBORO BLVD  
City-State-Zip: DEERFIELD BEACH FL 33441

*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: ALEX BERKOVICH**

**CFO**

**03/04/2024**

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

\_\_\_\_\_  
Date