

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000091044

**Entity Name:** WINTER PARK DENTAL PA

**Current Principal Place of Business:**

185 N LAKEMONT AVE  
WINTER PARK, FL 32792

**Current Mailing Address:**

620 W STATE ROAD 434  
SUITE 1  
WINTER SPRINGS, FL 32708

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MAROUF, FIRAS DMD  
620 W STATE ROAD 434  
SUITE 1  
WINTER SPRINGS, FL 32708 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 MAROUF, FIRAS DMD  
Address 620 W STATE ROAD 434  
City-State-Zip: WINTER SPRINGS FL 32708

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:** FIRAS MAROUF DMD

**PRESIDENT**

**02/10/2019**

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

\_\_\_\_\_  
Date