

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000049888

**Entity Name:** ARGO DENTAL P.A.

**Current Principal Place of Business:**

488 NE 18TH STREET  
3801  
MIAMI, FL 33132

**Current Mailing Address:**

488 NE 18TH STREET  
3801  
MIAMI, FL 33132

**FEI Number:** 84-2151104

**Certificate of Status Desired:** No

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

ARAKELOVA, GENRIETTA  
488 NE 18TH STREET  
3801  
MIAMI, FL 33132 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 ARAKELOVA, GENRIETTA  
Address 488 NE 18TH STREET  
City-State-Zip: MIAMI FL 33132

*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:** GENRIETTA ARAKELOVA

**PRESIDENT**

**05/01/2023**

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

\_\_\_\_\_  
Date