MATO ROAD						
RATON, FL 33431 US						
ve named entity submits this statement for the purpose of changing its registered office or registered agent, or bo						
ATURE:						
	Electronic Signature of Registered Agent					
r/Director Detail :						
	Р	Title	S			
	JAMIL, SAMIRA	Name	JAMIL, SAMI			
6	6265 E. FOWLER AVENUE	Address	6265 E. FOW			
te-Zip:	TEMPLE TERRACE FL 33617	City-State-Zip:	TEMPLE TER			

6265 E. FOWLER AVENUE TEMPLE TERRACE, FL 33617

DOCUMENT# P19000088004

Current Mailing Address:

6265 E. FOWLER AVENUE TEMPLE TERRACE. FL 33617 US

Entity Name: SAMIRA JAMIL DDS PA

Current Principal Place of Business:

FEI Number: 84-3894386

Name and Address of Current Registered Agent:

GALVAN MESSICK PLLC 951 YAM 250 BOCA RA

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: SAMIRA JAMIL

OWNER PRESIDENT

03/01/2023

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

The above ooth, in the State of Florida.

SIGNA

Officar

Officer/Director Detail :					
Title	Р	Title	S		
Name	JAMIL, SAMIRA	Name	JAMIL, SAMIRA		
Address	6265 E. FOWLER AVENUE	Address	6265 E. FOWLER AVENUE		
City-State-Zip:	TEMPLE TERRACE FL 33617	City-State-Zip:	TEMPLE TERRACE FL 33617		
Title	т				
Name	JAMIL, SAMIRA				
Address	6265 E. FOWLER AVENUE				
City-State-Zip:	TEMPLE TERRACE FL 33617				

FILED Mar 01, 2023 Secretary of State 5549819487CC