

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000088004

**FILED  
Jul 24, 2020  
Secretary of State  
5915013180CC**

**Entity Name:** SAMIRA JAMIL DDS PA

**Current Principal Place of Business:**

6265 E. FOWLER AVENUE  
TEMPLE TERRACE, FL 33617

**Current Mailing Address:**

6265 E. FOWLER AVENUE  
TEMPLE TERRACE, FL 33617 US

**FEI Number:** 84-3894386

**Certificate of Status Desired:** No

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

GALVAN MESSICK PLLC  
951 YAMATO ROAD  
250  
BOCA RATON, FL 33431 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 JAMIL, SAMIRA  
Address 6265 E. FOWLER AVENUE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title S  
Name JAMIL, SAMIRA  
Address 6265 E. FOWLER AVENUE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title T  
Name JAMIL, SAMIRA  
Address 6265 E. FOWLER AVENUE  
City-State-Zip: TEMPLE TERRACE FL 33617

*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**

**07/24/2020**

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

\_\_\_\_\_  
Date