

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000091893

**Entity Name:** NICOLE MARTINO, DMD, P.A.

**Current Principal Place of Business:**

7603 SEMINOLE BLVD.  
SUITE B  
SEMINOLE, FL 33772

**Current Mailing Address:**

7603 SEMINOLE BLVD.  
SUITE B  
SEMINOLE, FL 33772 US

**FEI Number:** 84-3994822

**Certificate of Status Desired:** No

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

MARTINO, NICOLE C  
7603 SEMINOLE BLVD.  
SUITE B  
SEMINOLE, FL 33772 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 MARTINO, NICOLE C  
Address 7603 SEMINOLE BLVD.  
SUITE B  
City-State-Zip: SEMINOLE FL 33772

*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:** NICOLE MARTINO

**PRESIDENT**

**01/27/2024**

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

\_\_\_\_\_  
Date