

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000046853

**Entity Name:** JOSE A. ARCIA ROSALES, DDS, PA

**Current Principal Place of Business:**

8243 SW 107TH AVE  
APT A  
MIAMI, FL 33173

**Current Mailing Address:**

8243 SW 107TH AVE  
APT A  
MIAMI, FL 33173 US

**FEI Number:** 85-1691735

**Certificate of Status Desired:** No

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

ARCIA ROSALES, JOSE A  
8243 SW 107TH AVE  
APT A  
MIAMI, FL 33173 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 ARCIA ROSALES, JOSE A  
Address 8243 SW 107TH AVE  
APT A  
City-State-Zip: MIAMI FL 33173

*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:** JOSE ARCIA ROSALES

DDS

02/05/2024

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

\_\_\_\_\_  
Date