## 2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P20000056468

Entity Name: CORAL GABLES DENTISTRY & PROSTHODONTICS, PA

**FILED** Apr 08, 2024 **Secretary of State** 0722796659CC

**Current Principal Place of Business:** 

3326 PONCE DE LEON BLVD CORAL GABLES. FL 33134

## **Current Mailing Address:**

3326 PONCE DE LEON BLVD CORAL GABLES. FL 33134 US

FEI Number: 85-2259721 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OSORIO, CRISTINA 3326 PONCE DE LEON BLVD CORAL GABLES, FL 33134 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 Title VS

OSORIO, CRISTINA DDS Name DAVILA, LAURA J DDS Name 3326 PONCE DE LEON BLVD Address 3326 PONCE DE LEON BLVD Address City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

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: CRISTINA OSORIO

Electronic Signature of Signing Officer/Director Detail

04/08/2024

**OWNER** 

Date