

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000076824

Entity Name: SANDRA ROJAS DMD P.A.**Current Principal Place of Business:**12012 S SHORE BLVD
SUITE 211
WELLINGTON, FL 33414**Current Mailing Address:**12012 S SHORE BLVD
SUITE 211
WELLINGTON, FL 33414 US**FEI Number:** 85-3327169**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BLANCO, JOSE
12012 S SHORE BLVD
SUITE 211
WELLINGTON, FL 33414 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	ROJAS, SANDRA
Address	12012 S SHORE BLVD SUITE 211
City-State-Zip:	WELLINGTON FL 33414

Title	TRE
Name	ROJAS, SANDRA
Address	12012 S SHORE BLVD SUITE 211
City-State-Zip:	WELLINGTON FL 33414

Title	SEC
Name	ROJAS, SANDRA
Address	12012 S SHORE BLVD SUITE 211
City-State-Zip:	WELLINGTON FL 33414

Title	VP
Name	ROJAS, SANDRA
Address	12012 S SHORE BLVD SUITE 211
City-State-Zip:	WELLINGTON FL 33414

Title	DIR
Name	ROJAS, SANDRA
Address	12012 S SHORE BLVD SUITE 211
City-State-Zip:	WELLINGTON FL 33414

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: SANDRA ROJAS**PRESIDENT****02/01/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date