

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000093057

**Entity Name:** ROSALIE BRAO, DDS, MS, P.A.

**Current Principal Place of Business:**

14361 METROPOLIS AVE  
SUITE #1  
FORT MYERS, FL 33912

**Current Mailing Address:**

14361 METROPOLIS AVE  
SUITE #1  
FORT MYERS, FL 33912 US

**FEI Number:** 85-4185549

**Certificate of Status Desired:** No

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

BRAO, ROSALIE  
14361 METROPOLIS AVENUE  
SUITE #1  
FORT MYERS, FL 33912 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:** ROSALIE BRAO

04/25/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRAO, ROSALIE A  
Address        14361 METROPOLIS AVENUE  
                 SUITE #1  
City-State-Zip: FORT MYERS FL 33912

Title            VP  
Name            BRAO, ROSALIE A  
Address        14361 METROPOLIS AVENUE  
                 SUITE #1  
City-State-Zip: FORT MYERS FL 33912

Title            S  
Name            BRAO, ROSALIE A  
Address        14361 METROPOLIS AVENUE  
                 SUITE #1  
City-State-Zip: FORT MYERS FL 33912

Title            T  
Name            BRAO, ROSALIE A  
Address        14361 METROPOLIS AVENUE  
                 SUITE #1  
City-State-Zip: FORT MYERS FL 33912

*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:** ROSALIE BRAO

PRESIDENT

04/25/2024

Electronic Signature of Signing Officer/Director Detail

Date