

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000007695

Entity Name: MARCOS DENTAL CENTER INC.

Current Principal Place of Business:

4244 UNIVERSITY BLVD. SOUTH
SUITE #5
JACKSONVILLE, FL 32216

Current Mailing Address:

4244 UNIVERSITY BLVD. SOUTH
SUITE #5
JACKSONVILLE, FL 32216 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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, T, S, D
Name MARCOS, JUAN
Address 4244 UNIVERSITY BLVD. SOUTH
SUITE #5
City-State-Zip: JACKSONVILLE FL 32216

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: JUAN MARCOS

AMBR

04/28/2023

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date