

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000054524

**Entity Name:** ARMANDO LOPEZ DMD PA

**Current Principal Place of Business:**

847 W PLANTATION CIR  
PLANTATION, FL 33324

**Current Mailing Address:**

847 W PLANTATION CIR  
PLANTATION, FL 33324 US

**FEI Number: 88-3175492**

**Certificate of Status Desired: No**

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

LOPEZ, ARMANDO LOPEZ  
847 W PLANTATION CIR  
PLANTATION, FL 33324 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 LOPEZ, ARMANDO LOPEZ  
Address 847 W PLANTATION CIR  
City-State-Zip: PLANTATION FL 33324

*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: ARMANDO LOPEZ LOPEZ**

**DR**

**03/04/2024**

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

\_\_\_\_\_  
Date