

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000080464

**Entity Name:** BRILLIANT SMILES FAMILY DENTAL PA

**Current Principal Place of Business:**

2100 LAKE IDA ROAD  
SUITE 2A  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

2100 LAKE IDA ROAD  
SUITE 2A  
DELRAY BEACH, FL 33445

**FEI Number:** 92-0769050

**Certificate of Status Desired:** No

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

BRANDAO, PAMELA  
2100 LAKE IDA ROAD  
SUITE 2A  
DELRAY BEACH, FL 33445 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 BRANDAO, PAMELA  
Address 2100 LAKE IDA ROAD, SUITE 2A  
City-State-Zip: DELRAY BEACH FL 33445

*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:** PAMELA BRANDAO

**OWNER**

**01/27/2025**

Electronic Signature of Signing Officer/Director Detail

Date