

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000089638

**Entity Name:** MANUEL DELEON, DDS A PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

5454 SW 84ST.  
OCALA, FL 34476

**Current Mailing Address:**

5454 SW 84ST.  
OCALA, FL 34476 US

**FEI Number:** 35-2166558

**Certificate of Status Desired:** No

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

DELEON, MANUEL DR.  
5454 SW 84ST.  
OCALA, FL 34476 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            CEO  
Name            DELEON, MANUEL DDS  
Address        5454 SW 84ST.  
City-State-Zip: Ocala FL 34476

Title            SEC  
Name            ABRAMS, BOBBY  
Address        7232 CANBY AVE, #7  
City-State-Zip: RESEDA CA 91335

*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:** BOBBY ABRAMS

**SECRETARY**

**01/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date