

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000045261

**Entity Name:** GABRIELA PORTMANN DMD INC

**Current Principal Place of Business:**

713 SHORE DRIVE  
VERO BEACH, FL 32963

**Current Mailing Address:**

713 SHORE DRIVE  
VERO BEACH, FL 32963

**FEI Number: 93-1861214**

**Certificate of Status Desired: Yes**

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

PORTMANN, GABRIELA  
713 SHORE DRIVE  
VERO BEACH, FL 32963 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 PORTMANN, GABRIELA  
Address 713 SHORE DRIVE  
City-State-Zip: VERO BEACH FL 32963

*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: GABRIELA PORTMANN**

**DR**

**03/04/2024**

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

\_\_\_\_\_  
Date