

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000002025

**Entity Name:** PROSTHODONTICS & IMPLANT THERAPY INC

**Current Principal Place of Business:**

2814 W WATERS AVE  
TAMPA, FL 33614

**Current Mailing Address:**

2814 W WATERS AVE  
TAMPA, FL 33614 US

**FEI Number:** 59-3147966

**Certificate of Status Desired:** No

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

IRANMANESH, MOHAMMAD R DR.  
2814 W WATERS AVE  
TAMPA, FL 33614 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:** MOHAMMAD R IRANMANESH

06/05/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DR  
Name IRANMANESH, MOHAMMAD REZA  
Address 4205 CARROLLWOOD VILLAGE  
City-State-Zip: TAMPA FL

*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:** MOHAMMAD REZA IRANMANESH

MANAGER

06/05/2020

Electronic Signature of Signing Officer/Director Detail

Date