

**2014 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

**FEI Number:** 59-3147966

**Certificate of Status Desired:** No

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

RAJU, R G  
RELIANCE CONSULTING, LLC  
13940 N DALE MABRY HWY  
TAMPA, FL 33618 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 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

**OFFICER**

**03/23/2014**

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

\_\_\_\_\_  
Date