

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000000609

**Entity Name:** MANUEL CAPIRO, D.D.S., P.A.

**Current Principal Place of Business:**

16430 NW 59TH AVE.  
STE. 300  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

16430 NW 59TH AVE.  
STE. 300  
MIAMI LAKES, FL 33014

**FEI Number:** 65-0379054

**Certificate of Status Desired:** No

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

CAPIRO, MANUEL DR.  
16430 NW 59TH AVE.  
STE. 300  
MIAMI LAKES, FL 33014 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 CAPIRO, MANUEL  
Address 16430 NW 59TH AVE. STE 300  
City-State-Zip: MIAMI LAKES FL 33014

*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:** MANUEL CAPIRO DDS PA

**PRESIDENT**

**01/12/2018**

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

\_\_\_\_\_  
Date