

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000081682

**Entity Name:** RICHARD D. SALZMANN, D.M.D., P.A.

**Current Principal Place of Business:**

9720 STIRLING ROAD  
SUITE 209  
COOPER CITY, FL 33024

**Current Mailing Address:**

9720 STIRLING ROAD  
SUITE 209  
COOPER CITY, FL 33024 US

**FEI Number:** 65-0454026

**Certificate of Status Desired:** No

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

SALZMANN, RICHARD D  
9720 STIRLING ROAD  
SUITE 209  
COOPER CITY, FL 33024 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            D  
Name            SALZMANN, RICHARD D  
Address        10470 BUENOS AIRES ST  
City-State-Zip: COOPER CITY FL 33026

Title            T  
Name            SALZMANN, MARTHA  
Address        10470 BUENOS AIRES ST  
City-State-Zip: COOPER CITY FL 33026

*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:** MARTHA SALZMANN

**TREASURER**

**02/27/2017**

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

\_\_\_\_\_  
Date