

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000002441

**Entity Name:** THOMAS DENTAL ASSOCIATES, INC.

**Current Principal Place of Business:**

14050 NW 7TH AVE  
MIAMI, FL 33168

**Current Mailing Address:**

14050 NW 7TH AVE  
MIAMI, FL 33168 US

**FEI Number:** 65-0460023

**Certificate of Status Desired:** No

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

KRAKAUER, THOMAS  
14050 NW 7TH AVENUE  
MIAMI, FL 33168 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            THOMAS KRAKAUER  
Address        14050 NW 7 AVENUE  
City-State-Zip: MIAMI FL 33168

*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:** THOMAS KRAKAUER

**PRESIDENT**

**01/20/2020**

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

\_\_\_\_\_ Date