

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000060164

**Entity Name:** JOHN PAUL GALLARDO DDS, P.A.

**Current Principal Place of Business:**

2020 SW 27TH AVENUE  
MIAMI, FL 33145

**Current Mailing Address:**

2020 SW 27TH AVENUE  
MIAMI, FL 33145 US

**FEI Number:** 65-0515219

**Certificate of Status Desired:** No

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

GALLARDO, JOHN PAUL  
1025 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134 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 PD  
Name GALLARDO, JOHN PAUL  
Address 1025 ALHAMBRA CIR  
City-State-Zip: CORAL GABLES FL 33134

*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:** JOHN PAUL GALLARDO

**PRESIDENT**

**04/12/2014**

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

\_\_\_\_\_  
Date