

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000000698

**Entity Name:** BRIAN O. COLEMAN, D.M.D., P.A. OMEGA DENTAL GROUP

**Current Principal Place of Business:**

7200 ALOMA AVENUE  
SUITE D  
WINTER PARK, FL 32792

**Current Mailing Address:**

7200 ALOMA AVENUE  
SUITE D  
WINTER PARK, FL 32792 US

**FEI Number:** 59-3287067

**Certificate of Status Desired:** No

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

COLEMAN, BRIAN ODMD  
7200 ALOMA AVENUE  
SUITE D  
WINTER PARK, FL 32792 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 COLEMAN, BRIAN OD.M.D.  
Address 7200 ALOMA AVE, SUITE D  
City-State-Zip: WINTER PARK FL 32792

*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:** BRIAN O. COLEMAN

**OFFICER**

**01/18/2021**

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

\_\_\_\_\_  
Date