

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000013111

**Entity Name:** MARIA CRISTINA FERNANDEZ, D.D.S., P.A.

**Current Principal Place of Business:**

4830 S.W. 8TH ST.  
MIAMI, FL 33134

**Current Mailing Address:**

4830 S.W. 8TH ST.  
MIAMI, FL 33134

**FEI Number:** 65-0559731

**Certificate of Status Desired:** No

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

FERNANDEZ, MARIA C  
4830 S.W. 8TH ST.  
MIAMI, 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	Title	S
Name	FERNANDEZ, MARIA C	Name	FERNANDEZ, MARIA C
Address	4830 S.W. 8TH ST.	Address	4830 S.W. 8TH ST.
City-State-Zip:	MIAMI FL 33134	City-State-Zip:	MIAMI 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:** MARIA CRISTINA FERNANDEZ DDS

**PRESIDENT**

**03/15/2021**

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

\_\_\_\_\_ Date