

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000018952

**Entity Name:** ALICIA C. ABELLA-TORRENTE D.D.S., P.A.

**Current Principal Place of Business:**

555 BILTMORE WAY  
101  
MIAMI, FL 33134

**Current Mailing Address:**

P.O. BOX 431561  
SOUTH MIAMI, FL 33243 US

**FEI Number:** 65-0570342

**Certificate of Status Desired:** No

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

ABELLA-TORRENTE, ALICIA CDR.  
555 BILTMORE WAY  
101  
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 DR  
Name ABELLA-TORRENTE, ALICIA CDR.  
Address PO BOX 431561  
City-State-Zip: SOUTH MIAMI FL 33243

*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:** ALICIA C. ABELLA-TORRENTE D.D.S.

**PRESIDENT**

**04/12/2023**

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

\_\_\_\_\_  
Date