

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000025723

**Entity Name:** ANDREW L. ROSS, D.D.S., P.A.

**Current Principal Place of Business:**

430 E. LINTON BLVD.  
UNIT 908  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

430 E. LINTON BLVD.  
UNIT 908  
DELRAY BEACH, FL 33483 US

**FEI Number:** 65-0571542

**Certificate of Status Desired:** No

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

CONNERS, DONNA  
430 E. LINTON BLVD  
UNIT #908  
DELRAY BEACH, FL 33444 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 D  
Name ROSS, ANDREW ;  
Address 430 E. LINTON BLVD. UNIT #908  
City-State-Zip: DELRAY BEACH FL 33483

*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:** ANDREW L ROSS DDS

**PRESIDENT**

**03/07/2024**

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

\_\_\_\_\_  
Date