

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000078123

**Entity Name:** PINE PLAZA DENTAL CARE, INC.

**Current Principal Place of Business:**

12435 COLLIER BLVD  
UNIT 105  
NAPLES, FL 34116

**Current Mailing Address:**

12435 COLLIER BLVD  
UNIT 105  
NAPLES, FL 34116

**FEI Number:** 59-3403851

**Certificate of Status Desired:** No

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

CONDORI, FRANKLIN DDS  
4560 15TH AVENUE SW  
NAPLES, FL 34116 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 PDT  
Name CONDORI, FRANKLIN DDS  
Address 4560 15TH AVE SW  
City-State-Zip: NAPLES FL 34116

*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:** CONDORI, FRANKLIN DDS

PTD

03/03/2024

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

\_\_\_\_\_  
Date