

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000038184

**Entity Name:** NICOLAS AVALOS, D.M.D., P.A.

**Current Principal Place of Business:**

34 SW 37TH AVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

34 SW 37TH AVE  
CORAL GABLES, FL 33134

**FEI Number:** 65-0750760

**Certificate of Status Desired:** No

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

P & L ACCOUNTING SYSTCORP  
1005 SW 87TH AVE  
MIAMI, FL 33174 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 AVALOS, NICOLAS  
Address 34 SW 37TH AVE  
City-State-Zip: CORAL GABLES 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:** NICOLAS AVALOS

DENTIST

01/03/2014

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

\_\_\_\_\_  
Date