

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000038375

**Entity Name:** SOUTH GABLES DENTAL, PA

**Current Principal Place of Business:**

4950 S LE JEUNE RD  
STE C  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4950 S LE JEUNE RD  
STE C  
CORAL GABLES, FL 33146

**FEI Number:** 65-0752096

**Certificate of Status Desired:** Yes

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

LESPERANCE, LAWRENCE M  
4950 S. LE JEUNE RD  
SUITE C  
CORAL GABLES, FL 33146 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:** LAWRENCE LESPERANCE

04/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PTSD  
Name LESPERANCE, LAWRENCE M  
Address 4950 LEJEUNE ROAD, SUITE C  
City-State-Zip: CORAL GABLES FL 33146

*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:** LAWRENCE MICHAEL LESPERANCE

PTSD

04/16/2024

Electronic Signature of Signing Officer/Director Detail

Date