

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000054133

**Entity Name:** SHALOM AMSELEM, DDS, P.A.

**Current Principal Place of Business:**

2630 NE 203 ST.  
101  
MIAMI, FL 33180

**Current Mailing Address:**

2630 NE 203 ST.  
101  
MIAMI, FL 33180 US

**FEI Number:** 65-0768684

**Certificate of Status Desired:** No

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

AMSELEM, SHALOM DDS  
2630 NE 203 ST.  
101  
MIAMI, FL 33180 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:** SHALOM AMSELEM

02/07/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name AMSELEM, SHALOM DDS  
Address 2630 NE 203 ST. #101  
City-State-Zip: MIAMI FL 33180

*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:** SHALOM AMSELEM

DENTIST / PRESIDENT

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date