#### 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000107091

Entity Name: ARTURO F. MOSQUERA, DMD., MS., P.A.

# **Current Principal Place of Business:**

1245 S.W. 87TH AVENUE MIAMI, FL 33174

### **Current Mailing Address:**

1245 S.W. 87TH AVENUE MIAMI. FL 33174

FEI Number: 65-0885217 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MOSQUERA, ARTURO FDMD, MS 1245 S.W. 87TH AVENUE 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

**FILED** Apr 30, 2015

**Secretary of State** 

CC3260846926

#### Officer/Director Detail:

**PSDT** Title

Name MOSQUERA, ARTURO FDMD, MS

Address 1245 S.W. 87TH AVENUE

City-State-Zip: MIAMI FL 33174

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.