

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000003164

**Entity Name:** SORIN DIMITRIU, D.D.S., P.A.

**Current Principal Place of Business:**

1500 E HILLSBORO BLVD  
#208  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

1500 E HILLSBORO BLVD  
#208  
DEERFIELD BEACH, FL 33441

**FEI Number:** 65-0888778

**Certificate of Status Desired:** No

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

DIMITRIU, SORIN  
1500 E HILLSBORO BLVD  
208  
DEERFIELD BEACH, FL 33441 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 P  
Name DIMITRIU, SORIN DDS  
Address 1500 E HILLSBORO BLVD STE 208  
City-State-Zip: DEERFIELD BEACH FL 33441

*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:** SORIN DIMITRIU DDS

**DIRECTOR**

**04/30/2019**

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

\_\_\_\_\_  
Date