

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000062567

**Entity Name:** NAPLES DENTAL ART CENTER INC.

**Current Principal Place of Business:**

1575 PINE RIDGE RD  
SUITE18  
NAPLES, FL 34109

**Current Mailing Address:**

1575 PINE RIDGE RD  
SUITE18  
NAPLES, FL 34109

**FEI Number:** 52-2185161

**Certificate of Status Desired:** No

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

ETESSAM, MOHAMMED SHA A  
1575 PINE RIDGE RD  
SUITE 18  
NAPLES, FL 34109 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:** ETESSAM MOHAMMED SHA

02/25/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DR.  
Name ETESSAM, MOHAMMED SHA ALI  
Address 1575 PINE RIDGE ROAD SUITE 18  
City-State-Zip: NAPLES FL 34109

*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:** ETESSAM , MOHAMMED SHA , A

CEO

02/25/2025

Electronic Signature of Signing Officer/Director Detail

Date