

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000064360

**Entity Name:** SHAPIRO FAMILY DENTISTRY, P.A.

**Current Principal Place of Business:**

2247 PALM BEACH LAKES BLVD.  
SUITE 104  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

2247 PALM BEACH LAKES BLVD.  
SUITE 104  
WEST PALM BEACH, FL 33409

**FEI Number:** 65-0949510

**Certificate of Status Desired:** No

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

SHAPIRO, SETH  
2247 PALM BEACH LAKES BLVD. STE 104  
STE 104  
WEST PALM BEACH, FL 33409 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 SHAPIRO, DARI  
Address 2247 PALM BEACH LAKES BLVD  
STE 104  
City-State-Zip: WEST PALM BEACH FL 33409

Title S  
Name SHAPIRO, SETH  
Address 2247 PALM BEACH LAKES BLVD  
STE 104  
City-State-Zip: WEST PALM BEACH FL 33409

*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:** SETH SHAPIRO

S

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date