

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000082557

**Entity Name:** RICARD FAMILY DENTISTRY, INC.

**Current Principal Place of Business:**

3006 SW PORT ST LUCIE BLVD  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

3006 SW PORT ST LUCIE BLVD  
PORT SAINT LUCIE, FL 34953 US

**FEI Number:** 65-0950176

**Certificate of Status Desired:** No

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

RICARD, ARTURO  
3006 SW PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34953 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 RICARD, ARTURO  
Address 3006 SW PORT ST LUCIE BLVD  
City-State-Zip: PORT ST LUCIE FL 34953

Title V  
Name RICARD, MARIA  
Address 3006 SW PORT ST LUCIE BLVD  
City-State-Zip: PORT ST LUCIE FL 34953

*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:** ARTURO RICARD

**PRESIDENT**

**01/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date