

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V23008

**Entity Name:** STEVEN RIFKIN, D.D.S. P.A.

**Current Principal Place of Business:**

1400 NE MIAMI GARDENS DRIVE  
STE 215  
NO MIAMI BEACH, FL 33179

**Current Mailing Address:**

1400 NE MIAMI GARDENS DRIVE  
STE 215  
NO MIAMI BEACH, FL 33179 US

**FEI Number:** 65-0323477

**Certificate of Status Desired:** No

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

RIFKIN, STEVEN DDS  
1400 NE MIAMI GARDENS DRIVE  
SUITE 215  
NO MIAMI BEACH, FL 33179 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            DDS  
Name            RIFKIN, STEVEN  
Address        1400 NE MIAMI GDNS DR  
City-State-Zip: NO MIAMI BCH FL 33179

*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:** STEVEN RIFKIN DDS

**PRES**

**03/03/2016**

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

\_\_\_\_\_  
Date