#### 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. 02/10/2019

#### SIGNATURE: RAUL PEREZ

Electronic Signature of Signing Officer/Director Detail

# 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V56490

Entity Name: RAUL PEREZ, D.D.S., P.A.

### **Current Principal Place of Business:**

2771-23 MONUMENT RD. JACKSONVILLE, FL 32225

#### **Current Mailing Address:**

2771-23 MONUMENT RD. JACKSONVILLE, FL 32225

### FEI Number: 59-3138392

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

PEREZ, RAUL 846 CHICOPIT LN JACKSONVILLE, FL 32225 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:

**Officer/Director Detail :** Р Title Title S Nan

Name	PEREZ, RAUL	Name	PEREZ, MARIA C
Address	846 CHICOPIT LN	Address	846 CHICOPIT LN
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225

Certificate of Status Desired: No

Date

Date

## FILED Feb 10, 2019 Secretary of State 2103324526CC

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