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.

Ρ

SIGNATURE: RAUL PEREZ

Electronic Signature of Signing Officer/Director Detail

4 - 11 ~ ~ ~ ~

Officer/Director Detail :				
Title	Р	Title	S	
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	

Electronic Signature of Registered Agent

SIGNATURE:

tle	Ρ	Title	S	
ame	PEREZ, RAUL	Name	PEREZ, MARIA C	
ddress	846 CHICOPIT LN	Address	846 CHICOPIT LN	
ity-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225	

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.

Name and Address of Current Registered Agent:

DOCUMENT# V56490

2771-23 MONUMENT RD. JACKSONVILLE, FL 32225

Current Mailing Address: 2771-23 MONUMENT RD.

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

Current Principal Place of Business:

JACKSONVILLE. FL 32225

FEI Number: 59-3138392

PEREZ, RAUL 846 CHICOPIT LN JACKSONVILLE, FL 32225 US

FILED Jan 17, 2020 Secretary of State 4241003958CC

Date

Certificate of Status Desired: No

01/17/2020

Date