

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000022309

**Entity Name:** LA DENTISTA, P.A.

**Current Principal Place of Business:**

717 E 9TH ST  
HIALEAH, FL 33010

**Current Mailing Address:**

717 E 9TH ST  
HIALEAH, FL 33010 US

**FEI Number: 86-3199079**

**Certificate of Status Desired:** No

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

STESZEWSKI, JONATHAN ESQ  
15100 NW 67TH AVE STE 200  
MIAMI LAKES, FL 33014 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 ORTA, INES  
Address 717 E 9TH ST  
City-State-Zip: HIALEAH FL 33010

*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:** INES ORTA

**PRESIDENT**

**03/03/2023**

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

\_\_\_\_\_ Date