

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000022485

**Entity Name:** TITOV DENTAL, P.A.

**Current Principal Place of Business:**

6654 COLLIER BLVD  
SUITE 104  
NAPLES, FL 34114

**Current Mailing Address:**

6654 COLLIER BLVD  
SUITE 104  
NAPLES, FL 34114 US

**FEI Number:** APPLIED FOR

**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 D  
Name TITOV, EVGENY  
Address 15100 NW 67TH AVE STE 200  
City-State-Zip: MIAMI LAKES FL 33014

Title D  
Name TITOV, VOLHA  
Address 15100 NW 67TH AVE STE 200  
City-State-Zip: MIAMI LAKES FL 33014

*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:** EVGENY TITOV

**MEMBER**

**03/28/2023**

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

\_\_\_\_\_  
Date