

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44419

Entity Name: THE ROBERT MORGAN CENTER FOR DENTAL CARE AND EDUCATION, INC.**Current Principal Place of Business:**18180 SW 122 AVENUE
MIAMI, FL 33177**Current Mailing Address:**18180 SW 122 AVENUE
MIAMI, FL 33177**FEI Number: 65-0474872****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MARIANI, RICHARD CDDS
11225 S. W 57TH. COURT
PINECREST, FL 33156 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	BUKSCH, ROBERT FDMD
Address	16201 SW 95 AVENUE
City-State-Zip:	MIAMI FL 33157

Title	TD
Name	MARIANI, RICHARD CSR
Address	6280 SUNSET DRIVE., #404
City-State-Zip:	S. MIAMI FL 33143

Title	VP
Name	PERELLO, ROSSANNA DDS
Address	6917 MIRAMAR PKWY
City-State-Zip:	MIRAMAR FL 33023

Title	S
Name	GONZALEZ, LILIAN DDS
Address	1246 WEST 68 STREET
City-State-Zip:	HIALEAH FL 33014

Title	ED
Name	HURTADO, AUREA CDA
Address	18180 SW 122 AVE
City-State-Zip:	MIAMI FL 33177

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD MARIANI**TD****01/29/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date