

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121397

Entity Name: LUIS M. SANTAMARINA, D.M.D., P.A.

Current Principal Place of Business:

330 S.W. 27TH AVENUE
SUITE 602
MIAMI, FL 33135

Current Mailing Address:

330 S.W. 27TH AVENUE
SUITE 602
MIAMI, FL 33135 US

FEI Number: 80-0005056

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VEGA, ALBERT PCPA
306 ALCAZAR AVE., STE 302
CORAL GABLES, FL 33134 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 DP
Name SANTAMARINA, LUIS M
Address 900 SANTIAGO STREET
City-State-Zip: CORAL GABLES FL 33134

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: LUIS M. SANTAMARINA

DP

03/23/2015

Electronic Signature of Signing Officer/Director Detail

Date