

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000140452

**Entity Name:** CENTRAL FLORIDA DENTAL GROUP, INC.

**Current Principal Place of Business:**

1804 OAKLEY SEAVER DR.  
STE.G  
CLERMONT, FL 34711

**Current Mailing Address:**

1804 OAKLEY SEAVER DR.  
STE.G  
CLERMONT, FL 34711 US

**FEI Number:** 27-0110702

**Certificate of Status Desired:** No

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

ORTIZ, CARLOS R  
1804 OAKLEY SEAVER DR.  
STE.G  
CLERMONT, FL 34711 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 PD  
Name ORTIZ, CARLOS RODOLFO DR.  
Address 1804 OAKLEY SEAVER DR.  
STE.G  
City-State-Zip: CLERMONT FL 34711

Title STD  
Name ORTIZ, IRIS N  
Address 1804 OAKLEY SEAVER DR.  
STE.G  
City-State-Zip: CLERMONT FL 34711

*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:** CARLOS RODOLFO ORTIZ

**OWNER**

**02/28/2017**

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

\_\_\_\_\_  
Date