

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000123413

**Entity Name:** VERA DENTAL CENTER, INC.

**Current Principal Place of Business:**

11545 N. KENDALL DRIVE  
MIAMI, FL 33176

**Current Mailing Address:**

11545 N. KENDALL DRIVE  
MIAMI, FL 33176

**FEI Number:** 20-5610191

**Certificate of Status Desired:** No

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

RAFAEL FERNANDEZ CPA PA  
10737 SW 104TH STREET  
MIAMI, FL 33176 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 VERA, RAFAEL  
Address 11545 NORTH KENDALL DR  
City-State-Zip: MIAMI FL 33176

Title TREASURER  
Name LAMBOY, RAMON V SR.  
Address CALLE TINTILLO #11 JUAN DOMINGO  
City-State-Zip: GUAYNABO PUERTO RICO 00966

*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:** RAFAEL VERA

**PRESIDENT**

**02/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date