

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000001041

**Entity Name:** GABLES SEDATION DENTISTRY, P.A.

**Current Principal Place of Business:**

5727 SW 24TH STREET  
MIAMI, FL 33155

**Current Mailing Address:**

5727 SW 24TH STREET  
MIAMI, FL 33155 US

**FEI Number:** 20-8151456

**Certificate of Status Desired:** Yes

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

ESPARRAGOZA, RAMIRO D.D.S.  
5727 SW 24TH STREET  
MIAMI, FL 33155 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 D  
Name FORNARIS, JORGE D.M.D.  
Address 15211 SW 74 CT.  
City-State-Zip: PALMETTO BAY FL 33157

Title VP D  
Name ESPARRAGOZA, RAMIRO D.D.S.  
Address 5932 NW 110TH COURT  
City-State-Zip: DORAL FL 33178

*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:** JORGE FORNARIS, DMD

**OWNER**

**03/20/2014**

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

\_\_\_\_\_  
Date