

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000033661

Entity Name: KENDALL DENTAL CARE,INC.

Current Principal Place of Business:

12350 SW 127 AVE
MIAMI, FL 33186

Current Mailing Address:

12350 SW 127 AVE
MIAMI, FL 33186

FEI Number: 20-8660953

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLARO, RITA M
10321 SW 125 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 PT
Name CLARO, RITA DDS
Address 10321 SW 125 ST
City-State-Zip: MIAMI FL 33176

Title VP
Name ACOSTA, HECTOR M
Address 10321 SW 125 ST
City-State-Zip: MIAMI FL 33176

Title VP
Name CLARO, EMILIO E
Address 8415 SW 107 AVE STE 371W
City-State-Zip: MIAMI FL 33173

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: HECTOR M ACOSTA

V P

02/23/2016

Electronic Signature of Signing Officer/Director Detail

Date