

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000036409

Entity Name: MIAMI BEACH DENTAL CENTER, PA

Current Principal Place of Business:

975 ARTHUR GODFREY ROAD
306
MIAMI BEACH, FL 33140

Current Mailing Address:

975 ARTHUR GODFREY ROAD
306
MIAMI BEACH, FL 33140

FEI Number: 20-8679760

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAU-SOLIS, ANGIE
2223 SW 127TH AVE
MIRAMAR, FL 33027 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 MR
Name SOLIS, SERGIO
Address 2223 SW 127TH AVE
City-State-Zip: MIRAMAR FL 33027

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: SERGIO SOLIS

PRESIDENT

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date