

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000113940

**Entity Name:** DENT PROFESSIONAL SOLUTION, INC.

**Current Principal Place of Business:**

8201 NW 8 STREET  
# 209  
MIAMI, FL 33126

**Current Mailing Address:**

8201 NW 8 STREET  
# 209  
MIAMI, FL 33126 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MARTINEZ, JOSE ANGEL  
8201 NW 8 STREET  
# 209  
MIAMI, FL 33126 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:** JOSE ANGEL MARTINEZ

04/29/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MARTINEZ, JOSE  
Address 8201 NW 8 STREET  
City-State-Zip: MIAMI FL 33126

*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:** JOSE ANGEL MARTINEZ

P

04/29/2015

Electronic Signature of Signing Officer/Director Detail

Date