

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000134066

**Entity Name:** NORTHWEST DENTAL GROUP, P.A.

**Current Principal Place of Business:**

1250 NW 119 STREET  
MIAMI, FL 33167

**Current Mailing Address:**

1250 NW 119 STREET  
MIAMI, FL 33167 US

**FEI Number: 26-1602419**

**Certificate of Status Desired: No**

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

ALDAMA-ESPINOSA, EVELYN  
1250 NW 119 STREET  
MIAMI, FL 33167 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            ALDAMA-ESPINOSA, EVELYN  
Address        1250 NW 119 STREET  
City-State-Zip: MIAMI FL 33167

*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: EVELYN ALDAMA-ESPINOSA**

**PRESIDENT**

**01/12/2015**

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

\_\_\_\_\_ Date