

2014 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

03/20/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date