

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000012498

Entity Name: ESTHETIC DENTAL CLINIC INC.

Current Principal Place of Business:

3735 SW 8TH STREET SUITE 202
MIAMI, FL 33134

Current Mailing Address:

3735 SW 8TH STREET SUITE 202
MIAMI, FL 33134

FEI Number: 26-4625938

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HECHAVARRIA, ILVAIN RSR
3735 SW 8 ST
SUITE 202
MIAMI, FL 33134 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 SARDUY, LUIS ODDS
Address 3735 SW 8 ST SUITE 202
City-State-Zip: MIAMI FL 33134

Title V
Name CARBONERO, AICEL DDS
Address 3735 SW 8 ST SUITE 202
City-State-Zip: MIAMI FL 33134

Title ST
Name HECHAVARRIA, CARIDAD
Address 3735 SW 8 STREET # 202
City-State-Zip: MIAMI FL 33134

Title VP
Name HECHAVARRIA, ILVAIN RSR
Address 3737 SW 8TH STREET SUITE 202
City-State-Zip: MIAMI FL 33134

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: ILVAIN HECHAVARRIA

VP

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date