

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000025253

**Entity Name:** BAYSIDE DENTAL STUDIO CO.

**Current Principal Place of Business:**

7210 SW 57TH AVENUE-SUITE 211  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

7210 SW 57TH AVENUE-SUITE 211  
SOUTH MIAMI, FL 33143 US

**FEI Number:** 47-3770894

**Certificate of Status Desired:** No

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

MONTIEL, CELESTE  
7210 SW 57TH AVENUE  
SUITE 211  
SOUTH MIAMI, FL 33143 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	SECRETARY	Title	PRESIDENT, TREASURER
Name	MONTIEL, CELESTE D	Name	PEREZ, FELIX
Address	7210 SW 57TH AVENUE SUITE 211	Address	7210 SW 57TH AVENUE SUITE 211
City-State-Zip:	SOUTH MIAMI FL 33143	City-State-Zip:	SOUTH MIAMI FL 33143

*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:** PEREZ , FELIX

**PRESIDENT**

**02/21/2024**

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

\_\_\_\_\_  
Date