

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000070392

**Entity Name:** K DENTAL CORP

**Current Principal Place of Business:**

13550 NORTH KENDALL DRIVE  
170  
MIAMI, FL 33186

**Current Mailing Address:**

13550 NORTH KENDALL DRIVE  
170  
MIAMI, FL 33186 US

**FEI Number:** 47-4894971

**Certificate of Status Desired:** No

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

MONTALVO VEGA, KEIN  
13550 NORTH KENDALL DRIVE  
170  
MIAMI, FL 33186 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            PST  
Name            MONTALVO VEGA, KEIN  
Address        13550 NORTH KENDALL DRIVE  
                  170  
City-State-Zip: MIAMI FL 33186

Title            VP  
Name            TORRES BUSTILLO, ANA BELEN  
Address        13550 NORTH KENDALL DRIVE  
                  170  
City-State-Zip: MIAMI FL 33186

*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:** MONTALVO VEGA , KEIN

**PRESIDENT**

**04/21/2023**

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

\_\_\_\_\_  
Date