

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000072072

Entity Name: PARADISE DENTAL CARE INC

Current Principal Place of Business:

4301 PALM AVE
SUITE C
HIALEAH, FL 33012

Current Mailing Address:

4301 PALM AVE
SUITE C
HIALEAH, FL 33012

FEI Number: 47-4969147

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALENZUELA, ODALYS
4301 PALM AVE., STE C
HIALEAH, FL 33012 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 VALENZUELA, ODALYS
Address 4301 PALM AVE STE C
City-State-Zip: HIALEAH FL 33012

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: ODALYS VALENZUELA

PRESIDENT

04/22/2019

Electronic Signature of Signing Officer/Director Detail

Date