

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000041048

Entity Name: FRESH DENTAL SMILES OF MIAMI, PA

Current Principal Place of Business:

4565 NW 7TH STREET
MIAMI, FL 33126

Current Mailing Address:

4565 NW 7TH ST.
MIAMI, FL 33126 US

FEI Number: 81-2632488

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FIGUERAS, JUAN E
7700 N. KENDALL DRIVE
SUITE 702
MIAMI, FL 33156 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 PSTD
Name LUIS, DEBORAH E
Address 4565 NW 7TH ST.
City-State-Zip: MIAMI FL 33126

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: DR. DEBORAH LUIS

OWNER

04/03/2019

Electronic Signature of Signing Officer/Director Detail

Date