

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000057031

Entity Name: ADVANCED SMILE DENTAL CLINIC INC

Current Principal Place of Business:

3934 SW 8TH STREET
SUITE #306
CORAL GABLES, FL 33134

Current Mailing Address:

3934 SW 8TH STREET
SUITE #306
CORAL GABLES, FL 33134

FEI Number: 81-3211790

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, LAURA E
3934 SW 8 STREET SUITE 306
CORAL GABLES , 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 PD
Name PEREZ, LAURA E
Address 3934 SW 8TH STREET #306
City-State-Zip: CORAL GABLES FL 33134

Title SD
Name PEREZ, ELENA D
Address 3934 SW 8TH STREET #306
City-State-Zip: CORAL GABLES 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: LAURA PEREZ

OWNER

07/12/2024

Electronic Signature of Signing Officer/Director Detail

Date