

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000044327

**Entity Name:** SOUTH DENTAL AT MIDTOWN-SPA, INC.

**Current Principal Place of Business:**

SOUTH DENTAL MANAGEMENT SERVICES, INC  
3301 NE 1ST STREET #103  
MIAMI, FL 33137

**Current Mailing Address:**

SOUTH DENTAL MANAGEMENT SERVICES, INC  
3301 NE 1ST STREET #103  
MIAMI, FL 33137

**FEI Number:** 82-1614713

**Certificate of Status Desired:** No

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

SOUTH DENTAL MANAGEMENT SERVICES, INC.  
16705 SW 95 STREET  
MIAMI, FL 33196 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 ELIAS TOBON ANGEL, DMD  
Address 401 CORAL WAY ST #109  
City-State-Zip: MIAMI FL 33137

*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:** ANGELA TABRAUE

04/20/2018

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

\_\_\_\_\_  
Date