

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000033377

**FILED**  
**Jun 30, 2020**  
**Secretary of State**  
**0291141851CC**

**Entity Name:** LI'L SUNSHINE SMILES DENTISTRY, P.A.

**Current Principal Place of Business:**

12950 RACETRACK RD  
SUITE 109  
TAMPA, FL 33626

**Current Mailing Address:**

12950 RACETRACK RD  
SUITE 109  
TAMPA, FL 33626 US

**FEI Number:** 83-4489985

**Certificate of Status Desired:** Yes

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

BOTERO, CATALINA  
12950 RACETRACK RD  
SUITE 109  
TAMPA, FL 33626 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 BOTERO, CATALINA  
Address 12950 RACETRACK RD  
SUITE 109  
City-State-Zip: TAMPA FL 33626

Title VP  
Name BOTERO, CATALINA  
Address 12950 RACETRACK RD  
SUITE 109  
City-State-Zip: TAMPA FL 33626

Title S  
Name BOTERO, CATALINA  
Address 12950 RACETRACK RD  
SUITE 109  
City-State-Zip: TAMPA FL 33626

Title T  
Name BOTERO, CATALINA  
Address 12950 RACETRACK RD  
SUITE 109  
City-State-Zip: TAMPA FL 33626

*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:** CATALINA BOTERO

**OWNER**

**06/30/2020**

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

\_\_\_\_\_  
Date