

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000047672

Entity Name: MIRO KENDALL DENTAL OFFICE P.A.

Current Principal Place of Business:

11916 SW 88 ST
MIAMI, FL 33183

Current Mailing Address:

564 SW 42 AVE 2 ND FLOOR
MIAMI, FL 33134

FEI Number: 65-0758456

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLAUDIO, MIRO LOWNER
564 SW 42 AVE 2ND FLOOR
MIAMI, 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 DDS
Name MIRO, CLAUDIO
Address 564 SW 42 AVE 2ND FLOOR
City-State-Zip: MIAMI 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: MIRO , CLAUDIO

DDS

02/11/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date