

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000068868

**Entity Name:** SOUTH DENTAL OF PEMBROKE PINES INC.

**Current Principal Place of Business:**

601 NW 179TH AVE  
SUITE 101  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

16705 SW 95 STREET  
MIAMI, FL 33196 US

**FEI Number:** 65-0857538

**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 STE #109  
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:** SANDRA AGUADO

CORPORATE OFFICER  
GM

06/15/2020

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

\_\_\_\_\_  
Date