

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000072599

**Entity Name:** CARLOS M. CORO, D.D.S., P.L.

**Current Principal Place of Business:**

3299 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

3299 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**FEI Number:** 26-0676433

**Certificate of Status Desired:** No

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

CORO, CARLOS M DR.  
3299 PONCE DE LEON BLVD.  
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:** DR. CARLOS M CORO

01/11/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title DR  
Name CORO, CARLOS M  
Address 3299 PONCE DE LEON BLVD  
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DR CARLOS M CORO

ORAL SURGEON

01/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date