

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000129818

**FILED  
Jan 10, 2018  
Secretary of State  
CC6520266195**

**Entity Name:** CASA SMILES PEDIATRIC DENTISTRY AND ORTHODONTICS,  
P.L.

**Current Principal Place of Business:**

5965 PONCE DE LEON BLVD  
CORAL GABLES, FL 33146

**Current Mailing Address:**

5965 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146

**FEI Number: 46-1306339**

**Certificate of Status Desired: No**

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

DIFALCO & FERNANDEZ, LLLP  
777 BRICKELL AVE.  
SUITE 630  
MIAMI, FL 33131 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

**Authorized Person(s) Detail :**

Title MGRM  
Name MAIGRELY ABREU-HERNANDEZ,  
DMD, P.A.  
Address 5965 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33146

Title MGRM  
Name MURIEL IWANOWSKI, DMD, P.A.  
Address 5965 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33146

*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: MAIGRELY ABREU-HERNANDEZ**

**OWNER**

**01/10/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date