

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000092856

**Entity Name:** SMART HEALTH DENTAL, LLC

**Current Principal Place of Business:**

16250 NW 59 AVENUE  
208  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

16250 NW 59 AVENUE  
208  
MIAMI LAKES, FL 33014

**FEI Number:** 81-2643459

**Certificate of Status Desired:** No

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

FIGUERAS, JUAN E  
7700 N KENDALL DRIVE  
702  
MIAMI, FL 33156 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 MGR  
Name RIVERA, RICARDO  
Address 16250 NW 59 AVE, STE 208  
City-State-Zip: MIAMI LAKES FL 33014

Title MGR  
Name LUIS, RENE  
Address 16250 NW 59 AVE, STE 208  
City-State-Zip: MIAMI LAKES FL 33014

Title MGR  
Name GRACIA, ELIBERTO  
Address 16250 NW 59 AVE, STE 208  
City-State-Zip: MIAMI LAKES FL 33014

*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: RICARDO RIVERA**

**MANAGER**

**04/06/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date