

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G65933

FILED
Jan 02, 2013
Secretary of State

Entity Name: NORTH WEST DENTAL CENTER, INC.

Current Principal Place of Business:

157 NW 36TH ST
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

157 NW 36TH ST
MIAMI, FL 33127

New Mailing Address:

FEI Number: 59-2328103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DR. ILIANA N. CABEZA
157 N.W. 36 STREET
MIAMI, FL 33127 US

Name and Address of New Registered Agent:

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: ILIANA CABEZA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CABEZA, ILIANA DR
Address: 157 NW 36TH ST
City-St-Zip: MIAMI, FL 33127

Title: O
Name: MCALLISTER, ANICETO E
Address: 1572 S.W. 150 AVE
City-St-Zip: MIAMI, FL 33194

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: ILIANA CABEZA

Electronic Signature of Signing Officer or Director

DR

01/02/2013

Date