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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIANA VELAZQUEZ

Electronic Signature of Signing Officer/Director Detail

TREASURER

Entity Name: MIAMI DADE DENTAL SOCIETY, INC.

Current Principal Place of Business:

420 S. DIXIE HIGHWAY #2E CORAL GABLES. FL 33146

Current Mailing Address:

8700 N KENDALL DR SUITE 221 MIAMI, FL 33176 US

FEI Number: 27-0740253

Name and Address of Current Registered Agent:

SIGNATURE: MARIANA VELAZQUEZ

City-State-Zip: CORAL GABLES FL 33134

VELAZQUEZ, MARIANA DR. 8700 N KENDALL DR SUITE 221 MIAMI, FL 33176 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.

	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	VICEPRESIDENT, VP	Title	PRESIDENT	
Name	VELAZQUEZ, MARIANA DR.	Name	PEGUERO, OSCAR DR.	
Address	1805 PONCE DE LEON BLVD APT 622	Address	7000 SW 62 AVE PH-E	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	SOUTH MIAMI FL 33143	
Title	TREASURER	Title	SECRETARY	
Name	VELAZQUEZ, MARIANA DR.	Name	GONZALEZ, CARLOS M DR	
Address	1805 PONCE DE LEON BLVD. APT 622	Address	16401 NW 83RD CT	
		City-State-Zip:	MIAMI LAKES FL 33016	

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

FILED Feb 13, 2017 Secretary of State CC2422234779

02/13/2017

Certificate of Status Desired: No

02/13/2017 Date