

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H57354

Entity Name: OSCAR RAMIREZ DENTAL CLINIC PA

Current Principal Place of Business:

4640 N FEDERAL HWY STE H
FORT LAUDERDALE, FL 33308-5205

Current Mailing Address:

4640 N FEDERAL HWY STE H
FORT LAUDERDALE, FL 33308-5205

FEI Number: 59-2674234

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMIREZ, OSCAR
4640 N. FEDERAL HWY.
SUITE H
FORT LAUDERDALE, FL 33308-5205 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

Officer/Director Detail :

Title PSD
Name RAMIREZ, OSCAR
Address 4640 N. FEDERAL HWY. #H
City-State-Zip: FORT LAUDERDALE FL 33308-5205

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: OSCAR RAMIREZ

PRESIDENT

03/13/2015

Electronic Signature of Signing Officer/Director Detail

Date