

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L51250

**Entity Name:** DE CARDENAS DENTAL CLINIC, P.A.

**Current Principal Place of Business:**

8060 NW 155 STREET  
SUITE 200  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

8060 NW 155 STREET  
SUITE 200  
MIAMI LAKES, FL 33016

**FEI Number:** 65-0170728

**Certificate of Status Desired:** No

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

DE CARDENAS, ALBERTO A.  
8060 NW 155 STREET  
SUITE 200  
MIAMI LAKES, FL 33016 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 PD  
Name DE CARDENAS, ALBERTO A  
Address 8243 NW 165 ST  
City-State-Zip: MIAMI LAKES FL 33016

Title SD  
Name DE CARDENAS, LISSETT  
Address 8243 NW 165 ST  
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 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:** ALBERTO DE CARDENAS

**OFFICER**

**03/12/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date