

2016 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

PD

03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date