

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L53672

Entity Name: CLAUDIO L. MIRO., D.D.S. CORP

Current Principal Place of Business:

564 SW 42 AVE 2ND FLOOR
MIAMI, FL 33134

Current Mailing Address:

564 SW 42 AVE 2ND FLOOR
MIAMI, FL 33134

FEI Number: 65-0180426

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIRO, CLAUDIO
564 SW 42 AVE 2ND FLOOR
MIAMI, FL 33134 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 DDS
Name MIRO, CLAUDIO L
Address 564 SW 42 AVE 2ND FLOOR
City-State-Zip: MIAMI FL 33134

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: MIRO , CLAUDIO L

DDS

01/09/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date