

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M14436

Entity Name: MIAMI LAKES DENTAL HEALTH CENTER, P.A.

Current Principal Place of Business:

15450 NEW BARN RD.
SUITE 101
MIAMI LAKES, FL 33014

Current Mailing Address:

15450 NEW BARN RD.
SUITE 101
MIAMI LAKES, FL 33014 US

FEI Number: 59-2538168

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KLEIN, BRENT D
3850 BIRD RD #303
MIAMI, FL 33146 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 P
Name ERRO, JUAN C
Address 15450 NEW BARN RAOD STE 101
City-State-Zip: MIAMI LAKES FL 33014

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: JUAN C ERRO

PRESIDENT

02/20/2014

Electronic Signature of Signing Officer/Director Detail

Date