

**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