

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M37639

**Entity Name:** THE FALLS DENTAL CARE GROUP, P.A.

**Current Principal Place of Business:**

8729 SW 136TH ST.  
MIAMI, FL 33176

**Current Mailing Address:**

8729 SW 136TH ST.  
MIAMI, FL 33176 US

**FEI Number:** 59-2712060

**Certificate of Status Desired:** No

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

DAVIDSON, DR BEATRIZ FRA  
710 PARADISO AVE  
CORAL GABLES, 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 DAVIDSON, BEATRIZ FRAGA  
Address 710 PARADISO AVE  
City-State-Zip: CORAL GABLES FL

Title ST  
Name WIRTH, LINDA YUSMAN  
Address 6495 SW 94 ST  
City-State-Zip: MIAMI FL

*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:** BEATRIZZ FAGA-DAVIDSON

**PRESIDENT**

**06/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date