2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2014
Secretary of State
CC2812792585

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Entity Name: BEST SMILE DENTAL CARE, CORP.

Current Principal Place of Business:

1961 NE 196 TERRACE
MIAMI, FL 33179

Current Mailing Address:

4315 NW 7STREET
SUITE 51
MIAMI, FL 33126

FEI Number: 11-3682696

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VIDAL , MARIA C
1961 NE 196 TERRACE
MIAMI, FL 33179 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: MARIA C VIDAL 04/22/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	VIDAL, MARIA C
Address	1961 NE 196 TERRACE
City-State-Zip:	MIAMI FL 33179

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: MARIA C VIDAL P 04/22/2014

Electronic Signature of Signing Officer/Director Detail — Date