

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028160

Entity Name: FLORIDA DENTAL CLINIC, INC

Current Principal Place of Business:

8260 W FLAGLER ST SUITE 1F
MIAMI, FL 33144

Current Mailing Address:

8260 W FLAGLER ST SUITE 1F
MIAMI, FL 33144

FEI Number: 20-0757806

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CADAVID, MARLENY
8260 W. FLAGLER ST.
STE 1 F
MIAMI, FL 33144 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 SARDUY, LUIS O
Address 8260 W. FLAGLER ST STE 1 F
City-State-Zip: MIAMI FL 33144

Title VP
Name CADAVID, MARLENY
Address 8260 W. FLAGLER ST. STE 1 F
City-State-Zip: MIAMI FL 33144

Title ST
Name SANCHEZ, BEATRIZ
Address 8260 W. FLAGLER ST. STE 1 F
City-State-Zip: MIAMI FL 33144

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: MARLENY CADAVID

VICEPRESIDENTE

04/24/2013

Electronic Signature of Signing Officer/Director Detail

Date