

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000055662

**FILED  
Apr 10, 2018  
Secretary of State  
CC0563442520**

**Entity Name:** SOUTH FLORIDA DENTAL ASSISTING SCHOOL INC

**Current Principal Place of Business:**

4001 N OCEAN DR  
206  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

8041 NW 159 TERRACE  
MIAMI LAKES, FL 33016 US

**FEI Number:** 06-6011392

**Certificate of Status Desired:** No

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

LOPEZ AND PARTNERS  
2600 DOUGLAS RD  
CORAL GABLES, FL 33134 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:** VALENTINE LOPEZ

04/10/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            SIERRA, CARLOS LDDS  
Address        8041 NW 159 TERRACE  
City-State-Zip: MIAMI LAKES FL 33016

Title            TREA  
Name            SIERRA, LILIA  
Address        8041 NW 159 TERRACE  
City-State-Zip: MIAMI LAKES FL 33016

*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:** CARLOS SIERRA

PRESIDENT

04/10/2018

Electronic Signature of Signing Officer/Director Detail

Date