

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000085968

**Entity Name:** E M DENTAL CORP

**Current Principal Place of Business:**

2742 SW 8TH ST  
219  
MIAMI, FL 33135

**Current Mailing Address:**

2742 SW 8TH ST  
219  
MIAMI, FL 33135 US

**FEI Number:** 20-5147494

**Certificate of Status Desired:** No

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

MARTINEZ, ERNESTO  
23647 SW 116 CT  
MIAMI, FL 33032 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:** ERNESTO MARTINEZ

04/07/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MARTINEZ, ERNESTO  
Address 23647 SW 116 CT  
City-State-Zip: MIAMI FL 33032

*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:** MARTINEZ ERNESTO

PRESIDENT

04/07/2023

Electronic Signature of Signing Officer/Director Detail

Date