Electronic Signature of Signing Officer/Director Detail

### 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000145307

Entity Name: SMILE DENTAL DESIGN , INC

#### **Current Principal Place of Business:**

114 SW 10TH STREET SUITE A FORT LAUDERDALE, FL 33315

#### **Current Mailing Address:**

114 SW 10TH STREET SUITE A FORT LAUDERDALE, FL 33315

#### FEI Number: 41-2220291

### Name and Address of Current Registered Agent:

GIRALDO, ANDREA 114 SW 10TH ST SUITE A FORT LAUDERDALE, FL 33315 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

Officer/Director Detail :				
Title	DIRECTOR	Title	PRESIDENT	
Name	GIRALDO, ANDREA	Name	URIBE, SANTIAGO	
Address	114 SW 10TH STREET, SUITE A	Address	114 SW 10TH STREET	
City-State-Zip:	FORT LAUDERDALE FL 33315		SUITE A	
		City-State-Zip:	FORT LAUDERDALE FL 33315	

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: SANTIAGO URIBE

Date

FILED Jun 25, 2020 Secretary of State 8888707230CC

Certificate of Status Desired: No

PRESIDENT	06/25/2020
PRESIDENT	06/25/2020

Date