

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000157305

**Entity Name:** EXCLUSIVE DENTAL CARE GROUP, INC

**Current Principal Place of Business:**

870 PLOVER AVE  
MIAMI SPRINGS, FL 33166

**Current Mailing Address:**

870 PLOVER AVE  
MIAMI SPRINGS, FL 33166 US

**FEI Number:** 20-8132022

**Certificate of Status Desired:** No

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

FIGUEROA, CELIA DDS  
870 PLOVER AVE  
MIAMI SPRINGS, FL 33166 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 PSTD  
Name FIGUEROA, CELIA DR.  
Address 870 PLOVER AVE  
City-State-Zip: MIAMI SPRINGS FL 33166

Title PRESIDENT  
Name FIGUEROA, CELIA DR.  
Address 870 PLOVER AVE  
City-State-Zip: MIAMI SPRINGS FL 33166

*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:** CELIA FIGUEROA

**PRESIDENT**

**03/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date