#### 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: SANDRA AGUADO

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of Registered Agent

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.

#### **Officer/Director Detail :**

Tit	le	Ρ	Title	VP
Na	ame	MORALES, EFREN	Name	LACAYO, CARLOS E
Ad	ldress	7931 SW 120 PL.	Address	16705 SW 95 STREET
Cit	ty-State-Zip:	MIAMI FL 33183	City-State-Zip:	MIAMI FL 33196
Tit	le	S		
Na	ame	AGUADO, SANDRA		
٨٩	ldress	16705 SW 95 STREET		
Au				
	ty-State-Zip:	MIAMI FL 33196		

## Name and Address of Current Registered Agent:

MORALES, EFREN 16705 SW 95 STREET MIAMI, FL 33196 US

# DOCUMENT# P0700009486

# Entity Name: SOUTH FLORIDA DENTAL INVESTMENTS, INC

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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

16705 SW 95 STREET

MIAMI, FL 33196

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

16705 SW 95 STREET MIAMI, FL 33196 US

#### FEI Number: 11-3822441

## Certificate of Status Desired: No

OFFICE MANAGER

03/28/2017 Date

#### FILED Mar 28, 2017 Secretary of State CC3966040844

Date