

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076255

Entity Name: D&M DENTONURSE, INC.

Current Principal Place of Business:

1020 SW 29 AVE
MIAMI, FL 33135

Current Mailing Address:

1020 SW 29 AVE
MIAMI, FL 33135

FEI Number: 41-2247007

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILANES, ELIOVER F
3815 SW 105 CT
MIAMI, FL 33165 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	P	Title	VP
Name	MILANES, ELIOVER F	Name	DE ARMAS, DANIA
Address	3815 SW 105 CT	Address	3815 SW 105 CT
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

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: ELIOVER F MILANES

P

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date