

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000071925

**Entity Name:** BLOOM DENTAL SUPPLY, CORP

**Current Principal Place of Business:**

2750 NE 183RD STREET  
SUITE 1501  
AVENTURA, FL 33160

**Current Mailing Address:**

2750 NE 183RD STREET  
SUITE 1501  
AVENTURA, FL 33160 US

**FEI Number:** 26-3094094

**Certificate of Status Desired:** No

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

QUIROZ, JAVIER  
2780 NE 183RD STREET  
112  
AVENTURA, FL 33160 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  
Name QUIROZ, JAVIER  
Address 2780 NE 183RD STREET  
112  
City-State-Zip: AVENTURA FL 33160

*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:** QUIROZ, JAVIER

P

04/23/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date