

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000055250

Entity Name: SOUTH FLORIDA DENTAL SERVICES INC.

Current Principal Place of Business:

5310 SW 5 STREET
CORAL GABLES, FL 33134

Current Mailing Address:

PO BOX 351147
MIAMI, FL 33135 US

FEI Number: 27-2962684

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA, ROBERTO
5310 SW 5 STREET
CORAL GABLES, FL 33134 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 GARCIA, ROBERTO
Address 4801 NW 7 STREET APT 708
City-State-Zip: MIAMI FL 33126

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: ROBERTO GARCIA

PRESIDENT

02/12/2013

Electronic Signature of Signing Officer/Director Detail

Date